

**Providing play opportunities for children, who are identified as having severe and profound and multiple learning difficulties, to facilitate social play between them: two case studies.**

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A thesis submitted in partial fulfilment of the requirements of the UCL Institute of Education, University of London, for the Doctorate in Professional Educational, Child and Adolescent Psychology.



I, Rhiannon Yates, confirm that the work presented in this thesis is my own.  
Where information has been derived from other sources, I confirm that this has  
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## **Abstract**

Children who are identified as having severe and profound and multiple learning difficulties (S/PMLD) are reported to find it difficult to engage in social play, yet there is a paucity of research which examines how these children can be supported to participate in this important activity. Underpinned by a Vygotskian framework, the first aim of this study was to provide adult-supported, structured play sessions for two pairs of children, each pair consisting of a child who is identified as having SLD and a child who is identified as having PMLD, with the intention of facilitating social play between them. The second aim was to analyse the role of the adult within the play sessions and the third aim was to explore the benefits and challenges of the play sessions as perceived by the adult facilitators.

The study used a multiple case study design with a mixed methods approach to the case studies. The findings demonstrate that within the play sessions, the children engaged in social play. The children identified as having SLD displayed a range of peer tutoring behaviours to encourage their partner, identified as having PMLD, to play. The adult support within the play sessions was dynamic and fluid in nature, and ranged from allowing children to have opportunities to spontaneously engage in social play to exerting a stronger influence and giving direct instructions. Perceived benefits of the play sessions, as articulated by the adult facilitators, included providing children with varied opportunities, allowing children to be autonomous and informing future practice. Perceived challenges that were identified by the adult facilitators focused on environmental barriers and the impact of the researcher on the conduct of the play sessions. The implications of these findings are discussed in relation to their application to the practice of Educational Psychologists and future research.





## Table of Contents

<b>Acknowledgements.....</b>	<b>5</b>
<b>Abstract.....</b>	<b>7</b>
<b>Table of Tables.....</b>	<b>15</b>
<b>Table of Figures.....</b>	<b>17</b>
 <b>Chapter 1 Introduction.....</b>	 <b>19</b>
1.1 Rationale for the Current Study.....	19
1.2 Children who are Identified as having SLD and PMLD: Definitions and Prevalence.....	21
1.3 Inclusion.....	23
1.4 Social Model of Disability.....	26
1.5 Relevance of the Role of the Educational Psychologist.....	29
1.6 Structure of Thesis.....	31
 <b>Chapter 2 Literature Review.....</b>	 <b>32</b>
2.1 Definitions and the Developmental Stages of Play.....	33
2.2 The Importance of Social Play for Children.....	34
2.3 Social Play in Children who are Identified as having SLD and PMLD.....	39
2.4 Facilitating Play and Teaching Play Skills in Children who are Identified as having SEN.....	42
2.5 Vygotsky: The Theoretical Framework for the Present Study.....	46
2.5.1 A Vygotskian framework: the role of the adult.....	47
2.5.2 A Vygotskian framework: collaboration between peers.....	50
2.6 Summary of the Current Study.....	52

2.7 Aims and RQs.....	54
<b>Chapter 3 Methodology.....</b>	<b>56</b>
3.1 Research Paradigm.....	56
3.2 Research Design.....	59
3.2.1 Multiple-case studies.....	59
3.2.2 A mixed methods approach to the case studies.....	62
3.3 Preliminary Research.....	65
3.4 Context of the Current Study.....	68
3.5 Participants.....	69
3.5.1 Procedure of participant recruitment.....	69
3.5.2 Participant details.....	71
3.5.2.1 <i>Pair A: Harriet and Thomas, facilitated by</i> <i>Theresa</i> .....	72
3.5.2.2 <i>Pair B: Emma and Charlotte, facilitated by</i> <i>Liz</i> .....	73
3.6 Research Methods.....	75
3.6.1 Observation.....	75
3.6.2 Structured observation methods.....	76
3.6.3 Unstructured observational methods.....	79
3.6.4 Interviews with the TAs.....	79
3.6.5 Semi-structured interview.....	80
3.6.6 Informal interviews.....	82
3.7 Play Sessions.....	82
3.7.1 Consultation: an approach to organising and developing the play sessions.....	84

3.7.2	General procedure of the play sessions .....	87
3.8	Ethical Considerations and Approval.....	88
3.9	Data Analysis.....	92
3.9.1	Procedure of observational data analysis: RQ 1.....	92
3.9.1.1	<i>Quantitative analysis of observational data for RQ 1.....</i>	92
3.9.1.2	<i>Qualitative analysis of observational data for RQ 1.....</i>	94
3.9.2	Procedure of observational data analysis: RQ 2.....	98
3.9.3	Data analysis of interview data: RQ 3.....	101
<b>Chapter 4</b>	<b>Results.....</b>	<b>104</b>
4.1	Analysis of Data to Address RQ 1.....	104
4.1.1	Structured observations of children's play states within the play sessions.....	107
4.1.1.1	<i>Pair A: Thomas and Harriet.....</i>	107
4.1.1.2	<i>Pair B: Charlotte and Emma.....</i>	109
4.1.2	Thematic analysis of play behaviour within social play.....	112
4.1.2.1	<i>Theme 1: 'Spontaneous Behaviour'.....</i>	113
4.1.2.2	<i>Theme 2: 'Contingent Behaviour'.....</i>	120
4.1.3	Summary of data relating to RQ 1.....	124
4.2	Analysis of Data to address RQ 2.....	126
4.2.1	Themes of the adult role within the play sessions.....	127
4.2.1.1	<i>Theme 1: 'Onlooker'.....</i>	128
4.2.1.2	<i>Theme 2: 'Stage Manager'.....</i>	130
4.2.1.3	<i>Theme 3: 'Co-player'.....</i>	131

4.2.1.4	<i>Theme 4: ‘Play Leader’</i> .....	133
4.2.2	Adult prompts to initiate children’s social play.....	138
4.2.2.1	<i>Pair A: Thomas and Harriet</i> .....	138
4.2.2.2	<i>Pair B: Charlotte and Emma</i> .....	139
4.2.3	Summary of data relating to RQ 2.....	140
4.3	Analysis of data relating to RQ 3.....	142
4.3.1	Theme 1: ‘Perceived Benefits’.....	142
4.3.1.1	<i>Sub-theme 1: ‘A Different Context’</i> .....	143
4.3.1.2	<i>Sub-theme 2: ‘Allowing Autonomy’</i> .....	144
4.3.1.3	<i>Sub-theme 3: ‘Future Considerations’</i> .....	146
4.3.2	Theme 2: ‘Perceived Challenges’.....	147
4.3.2.1	<i>Sub-theme 1: ‘Environmental Barriers’</i> .....	147
4.3.2.2	<i>Sub-theme 2: ‘Impact of the Researcher’</i> .....	149
4.3.2.3	<i>Sub-theme 3: ‘Overcoming Challenges’</i> .....	150
4.3.3	Triangulation between the TAs’ views expressed in the interview and the observational data 3.....	151
4.3.4	Summary of data relating to RQ 3.....	153
4.4	Analysis of data relating to RQ 4.....	155
<b>Chapter 5</b>	<b>Discussion</b> .....	<b>156</b>
5.1	Discussion Relating to RQ 1.....	156
5.2	Discussion Relating to RQ 2.....	161
5.3	Discussion Relating to RQ 3.....	164
5.4	Discussion Relating to RQ 4.....	167
5.5	Theoretical and Methodological Contributions of the Current Study.....	169

5.6 Limitations and Adaptations.....	171
5.6.1 Generalisability.....	171
5.6.2 Reliability.....	173
5.6.3 Considerations for Future Research.....	175
5.7 Implications for Professionals Working in Education and Educational Psychology.....	176
5.8 Conclusion.....	178
<b>References.....</b>	<b>181</b>
<b>Appendices.....</b>	<b>199</b>
Appendix 1 The databases searched for the literature, key search terms and the inclusion and exclusion criteria.....	199
Appendix 2 Headteacher information letter and consent form.....	201
Appendix 3 School staff information letter and consent form.....	205
Appendix 4 Parent information letter and consent form.....	209
Appendix 5 Social story/information sheet for children who are identified as having SLD.....	213
Appendix 6 Photo stills from the film data.....	217
Appendix 7 Ethics Application Form.....	220
Appendix 8 Structured observation schedule.....	234
Appendix 9 The initial codes and themes from the data analysis of the raw observation data for Pair B from NVivo.....	235
Appendix 10 Checklist for frequency and outcome of prompted/spontaneous bids for play.....	236
Appendix 11 An example of the annotations on the adult role from Pair A on the observational data from NVivo.....	237

Appendix 12 The initial codes, initial themes and their relation to the final themes for RQ 2.....	238
Appendix 13 Interview schedule for the paired semi-structured interview with the TAs.....	239
Appendix 14 Interview transcript and coding.....	240
Appendix 15 Codes from the interview transcript (in Appendix 14) and their grouping into sub-themes and overarching themes.....	243

## **Table of Tables**

Table 1	Summary of methodology.....	103
Table 2	The definition of each category of play that was coded in the structured observation schedule.....	106
Table 3	The time that Thomas (SLD) spent engaged in each play state for the total duration of time in the play sessions .....	107
Table 4	The time that Harriet (PMLD) spent engaged in each play state for the total duration of time in the play sessions .....	108
Table 5	The time that Charlotte (SLD) spent engaged in each play state for the total duration of time in the play sessions .....	110
Table 6	The time that Emma (PMLD) spent engaged in each play state for the total duration of time in the play sessions .....	110
Table 7	The definitions of sub-themes within Theme 1 (‘Spontaneous Behaviour’).....	114
Table 8	The total number of times that social play was spontaneously initiated by each child in Pair A and the outcomes of the bids for play.....	115
Table 9	The number of times that social play was spontaneously initiated by each child in Pair B and the outcomes of the bids for play.....	118
Table 10	The definitions of sub-themes within Theme 2 (‘Contingent Behaviour’).....	121
Table 11	A narrative account of 2 minutes 5 seconds of Harriet and Thomas’s play experiences within Session 7, detailing the time of the narrative, the adult’s role, and the play states	

of each child.....	135-136
Table 12 A narrative account of 2 minutes 50 seconds of Emma and Charlotte’s play experiences within Session 5, detailing the time of the narrative, the adult’s role, and the play states of each child.....	137-138
Table 13 The total number of times that social play was initiated through adult-prompts and the outcomes of each initiation for Pair A.....	139
Table 14 The total number of times that social play was initiated through adult-prompts and the outcomes of each initiation for Pair B.....	140
Table 15 Quotations from the interview with the TAs to illustrate Sub-theme 1 within Theme 1.....	144
Table 16 Quotations from the interview with the TAs to illustrate Sub-theme 2 within Theme 1.....	145
Table 17 Quotations from the interview with the TAs to illustrate Sub-theme 3 within Theme 1.....	146
Table 18 Quotations from the interview with the TAs to illustrate Sub-theme 1 within Theme 2.....	148
Table 19 Quotations from the interview with the TAs to illustrate Sub-theme 2 within Theme 2.....	150
Table 20 Quotations from the interview with the TAs to illustrate Sub-theme 3 within Theme 2.....	151
Table 21 Comments about the children’s behaviour with corresponding examples from the observational data.....	152-153



## Table of Figures

Figure 1	Recruitment of participants.....	71
Figure 2	The proportion (%) of time Thomas (SLD) and Harriet (PMLD) spent in social play (Associative and Co-operative) across the course of the play sessions.....	109
Figure 3	The proportion (%) of time Charlotte (SLD) and Emma (PMLD) spent in social play (Associative and Co-operative) across the course of the play sessions.....	112
Figure 4	An overview of themes and sub-themes identified to address RQ 1.....	113
Figure 5	The frequency of observed spontaneous behaviour as part of Theme 1 for Thomas (SLD) and Harriet (PMLD) over the total number of play sessions.....	117
Figure 6	The frequency of observed spontaneous behaviour as part of Theme 1 for Charlotte (SLD) and Emma (PMLD) over the total number of play sessions.....	120
Figure 7	The frequency of observed contingent behaviours as part of Theme 2 for Thomas (SLD) and Harriet (PMLD) over the total number of play sessions.....	122
Figure 8	The frequency of observed contingent behaviours as part of Theme 2 for Charlotte (SLD) and Emma (PMLD) over the total number of play sessions.....	124
Figure 9	An overview of themes and sub-themes identified to address RQ 2.....	127

Figure 10 A continuum of facilitator roles displaying the relationship  
between the adults' levels of influence and the opportunities  
children have to spontaneously initiate and maintain  
play.....128

Figure 11 An overview of themes and sub-themes identified to  
address RQ 3.....142

## **Chapter 1 Introduction**

Chapter 1 summarises the rationale for the current study and presents the target groups that this research focused on. The following sections of the Introduction outline how the current study was driven by two key concepts that are particularly pertinent for the target groups. The first concept is inclusion and the second concept is the social model of disability. Finally, this chapter outlines in brief how this research is relevant for the role of the Educational Psychologist (EP).

### **1.1 Rationale for the Current Study**

According to the White Paper, Valuing People (Department of Health [DoH], 2001), children and young people who are identified as having severe learning difficulties (SLD) and profound and multiple learning difficulties (PMLD) are part of one of the most excluded and vulnerable groups of people in Britain. To improve the inclusion and quality of life of individuals who are identified as having a learning difficulty, Valuing People identified four principles that practitioners and carers should be focusing on when working with this population. These principles are: rights, independence, choice and inclusion. A review of the implementation of these four driving principles found that there continues to be limited opportunities for individuals, who are identified as having learning difficulties, to develop and sustain relationships with others (DoH, 2009).

Social play provides children with opportunities to interact with their peers and build relationships, due to the shared and reciprocal nature of social

play (Suhonen, Nislin, Alijoki, & Sajaniemi, 2015). Social play in children who are identified as having SLD and PMLD, however, is an under-researched area. The limited research that does exist indicates that social play does not spontaneously occur between children who are identified as having SLD (Imray, 1997, cited in Imray & Hinchcliffe, 2014; Suhonen et al., 2015), and even less so for children who are identified as having PMLD (Imray, 1996, cited in Imray & Hinchcliffe, 2014), in comparison to typically developing children. Although this research indicates that this population of children require additional support to participate in social play, there is a dearth of literature which specifically details the adults' role in facilitating children's play, especially for children who are identified as having SLD and PMLD.

This study therefore aims to make a significant and original contribution by extending and building upon the existing research about the nature of social play between children who are identified as having SLD and PMLD. Inspired by inclusion principles and the social model of disability, this study provided adult-supported, structured play sessions for two pairs of children, each pair consisting of a child who is identified as having SLD and a child who is identified PMLD, with the intention of facilitating social play between them. The organisation of these play sessions is underpinned by a Vygotskian framework in two ways; through an adult providing support to both children within the sessions, and by pairing a 'more able' child (the child who is identified as having SLD) with a child who is identified as having PMLD to facilitate social play between them. Furthermore, this study aims to address the gap in the literature relating to the role of the adult in children's play. It aims to add new knowledge

about the role of the adult in facilitating social play between children who are identified as having SLD and PMLD.

## **1.2 Children who are Identified as having SLD and PMLD: Definitions and Prevalence**

There are a range of definitions that are used to describe individuals who are identified as having SLD and PMLD (e.g. American Psychiatric Association, 2013; Bellamy, Croot, Bush, Berry & Smith, 2010), which have changed over time, across countries and professionals (MacKay, 2009). It is therefore important for research to explicitly state the definition they are adopting, to support the growth and extension of a body of research and enable others to apply the research findings to similar populations. For the purposes of this study, the definitions written by the Department for Education and Skills (DfES, 2003) have been adopted. These definitions state that individuals who are identified as having SLD have:

“... significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support. They may also have difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills. Pupils with SLD will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols but most will be able to hold simple conversations” (DfES, 2003, p.3-4).

Individuals identified as having PMLD are described to have:

“complex learning needs. In addition to very severe learning difficulties, pupils have other significant difficulties, such as physical disabilities, sensory impairment or a severe medical condition. Pupils require a high level of adult support, both for their learning needs and also for their personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye pointing or symbols, others by very simple language.” (DfES, 2003, p.4).

There are ongoing challenges with knowing the prevalence of children who are identified as having SLD and PMLD. Before the year 2009 there was not any systematic data collection regarding the numbers of these children in England (Emerson, Hatton, Robertson, Roberts, Baines & Glover, 2010). Prior to this date, anecdotal evidence indicated increases in the number of children who are identified as having PMLD in England. A survey of 130 schools, for children who are identified as having SLD, across England found that over 62% of the schools reported that the number of children identified as having PMLD had increased ‘significantly’ or ‘somewhat’ in recent years (Male & Rayner, 2007). Emerson and Hatton (2008) predicted that factors, such as increased survival rates, would be likely to lead to further increases in the number of learners who are identified as having SLD and PMLD in England over the next two decades.

In contradiction to what was predicted by Emerson and Hatton (2008), more recent and systematic data collection highlights that the prevalence of children who are identified as having learning difficulties has reduced in England. The number of children with statements who are identified as having

SLD decreased from 0.36% in 2009 to 2010, to 0.33% in 2012 to 2013 and the number of children identified as having PMLD has remained the same, at 0.12% (Hatton, Emerson, Glover, Robertson, Baines & Christie, 2014). These data are, however, based on school census, which according to the most recent guidance (Department for Education, 2016), does not provide clear definitions for the range of SEN that they ask schools to report on, including SLD and PMLD. The variation across definitions of SLD and PMLD (MacKay, 2009) further challenges the reliability of these results. The lack of consistent and systematic data collection on this group of children accentuates their vulnerability in society and promotes the need for research to document and explore the lives of this population.

There is an assertion that the definitions and descriptions of children who are identified as having PMLD, portray these children to be “helpless and lacking in volition and intention” (Simmons & Watson, 2014, p.19). Simmons and Watson (2014) consider that these assumptions impact on adults’ perceptions about their ability to contribute to society, therefore potentially influencing their quality of life and posing challenges to their rights. Inclusion principles and the social model of disability are particularly relevant to supporting the rights and quality of life of both children who are identified as having SLD and PMLD.

### **1.3 Inclusion**

Schools for children who are identified as having Special Educational Needs (SEN) reported that they provide limited inclusion opportunities for children who are identified as having PMLD (Male & Rayner, 2007). Over a third

of 130 schools surveyed by Male and Rayner (2007) stated that they do not offer any inclusion opportunities for their pupils who are identified as having PMLD and only one quarter of the respondents reported regular inclusion opportunities for a minority of their PMLD attendees. The term 'inclusion', however, is broad and complex, and Male and Rayner (2007) do not explicitly state what they mean by 'inclusion opportunities'. One could assume, based on statutory guidance which states that "nearly all children with special educational needs can be successfully included in mainstream education" (DfES, 2001, p. 2), that Male and Rayner (2007) were defining inclusion as being the opportunities that children who are identified as having PMLD have to experience mainstream classes and the outside community.

Even within special educational settings that specifically cater for children who are identified as having SLD and PMLD, there are concerns that children who are identified as having PMLD are not fully included. Simmons and Bayliss (2007) spent eight weeks observing and participating in a classroom within a school for children who are identified as having SEN, which had been reported by Office for Standards in Education, Children's Services and Skills (Ofsted) to be an inclusive school. This inclusive status was based on the knowledge that children who are identified as having SLD and PMLD were placed together in the same classrooms. The observations from Simmons and Bayliss (2007), however, recorded that children who are identified as having PMLD were left on their own for long periods whilst staff worked with their SLD peers. Overall they experienced fewer interactions with both staff and peers, in comparison to their peers who are identified as having SLD.



The observations of children who are identified as having PMLD being left alone for long periods emphasise that a key element of inclusion – ensuring that children are experiencing a sense of community and belonging (DfES, 2001) – was not present for these children. The studies by Male and Rayner (2007) and Simmons and Bayliss (2007) echo the concerns of Valuing People (DoH, 2001) and highlight the need to further consider how children who are identified as having PMLD can be meaningfully included in their educational settings. Considering that the majority of, if not all, children who are identified as having PMLD are placed in schools for children who are identified as having SEN (Male & Rayner, 2007), the current study has particularly focused on how inclusion can be promoted for pupils identified as having PMLD within their everyday special educational setting.

Inclusion was promoted within this study in two ways. First, a time and space was provided, especially for two pairs of children to play together, therefore increasing opportunities to encounter shared and enjoyable experiences with a peer. Second, inclusion was promoted by following guidance from The Index for Inclusion (Booth & Ainscow, 2011). This document suggests that to evolve inclusive practice, barriers to learning can be reduced by using a range of already existing resources, one of which is recognising the strengths of the individual students and enabling them to support one another. This suggestion, to foster inclusion, is represented by the pairing of the children within the play sessions; a child identified as having SLD paired with a child identified as having PMLD.

## **1.4 Social Model of Disability**

Valuing People Now (DoH, 2009) states that one reason for individuals identified as having learning difficulties having limited opportunities to interact with and form relationships with others is due to the attitudes and beliefs of people who support them. The suggestion that societal attitudes may be a barrier for people who are identified as having SLD and PMLD to interact with one another reflects an argument presented by the Union of the Physically Impaired Against Segregation (UPIAS). UPIAS stated that disability is a result of social oppression; “Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society” (UPIAS, 1975, p. 4). This argument underpins the social model of disability (Oliver, 2013), which recommends a shift in thinking away from the traditional medical model and conceptualisation of individuals with a disability to be the source of the problem.

Instead, the social model of disability aims to raise awareness of the barriers that environments, attitudes and cultures can enforce on people who are disabled, which impact their ability to participate and contribute to society (Oliver, 2004). The model, however, faces ongoing criticism. One of the main criticisms is that the model reduces the concept of disability to purely be a result of social and environmental barriers, thereby dismissing the contribution of individual factors, such as having a physical condition (Shakespeare & Watson, 2001). Oliver (2013), in restating his views, argued that he never intended to replace the individual model of disability or dismiss the impact of individual factors. Aligned with Oliver’s (2013) response to these criticisms, the current study does not attempt to ignore or dismiss the individual challenges that

children who are identified as having SLD and PMLD encounter as a result of their medical conditions and learning difficulties. The aim in applying the social model of disability to this study is to create an enabling environment by providing space, time and support to facilitate the social play of children who are identified as having SLD and PMLD.

Furthermore, Shakespeare and Watson (2001) argued that disability is a complex and variable concept which is not accurately encapsulated by the social model of disability. They state that Oliver has created an unrealistic utopia by suggesting that the removal of certain environmental barriers will result in all people who are disabled being able to access the same experiences and opportunities, such as employment, for example. According to this criticism, adopting the social model of disability does not appropriately attend to the range of individual differences and severity of individual difficulties. The current study attends to this further criticism by acknowledging that the children who took part in this study do have differing needs and challenges. Therefore, not only were the children given time and space to play, they also received individualised support by adults to facilitate social play between them. This support was implemented with the intention of improving the quality of the play experiences for each child, rather than with the suggestion that these environmental and interpersonal supports will eliminate the challenges that these children have. This intention is consistent with Oliver (2004), who aimed to use the social model of disability as a tool to improve the quality of lives of people who are disabled by creating more accessible environments to enhance their participation and inclusion in society.

The social model of disability has been applied to previous research studies with children. For example, Davis, Watson and Cunningham-Burley (2007) aimed to construct an understanding of the lives and identities of children who are disabled, and Nind, Flewett and Playler (2010) analysed the agency of children who are identified as having learning difficulties across different Early Years settings. Both of these studies found that there were indeed examples of environmental structures and adult attitudes that influenced the extent of control that children have over their own lives. Yet both studies concluded that these children were active agents who influenced their own lives and the behaviour of those around them. Davis et al. (2007) noted that the children adapted their behaviour depending on which adult was working with them and Nind et al. (2010) described examples whereby children made their needs known and influenced the interactions they experienced with others.

In conclusion, the social model of disability is relevant to the current study in that the author recognises the environmental, cultural and social barriers that children who are identified as having SLD and PMLD experience. These barriers can impact their opportunities to interact with and develop relationships with their peers, as Valuing People (DoH, 2001) asserts, and therefore the current study provided an environment to facilitate play opportunities for the children who took part in this study. The stance of Nind et al. (2010) and Davis et al. (2007) was also adopted in recognising that these children are complex social beings and active meaning makers who can impact their surroundings. Therefore, the current study acknowledges that in addition to providing time, space and adult support, the children who took part in the play

sessions are active participants who can influence and shape their experiences of social play together.

### **1.5 Relevance to the Role of the Educational Psychologist**

This study is part of a professional doctoral training in Educational, Child and Adolescent Psychology. EPs are conceptualised as being practitioners who utilise psychological skills for the benefit of children and young people (Fallon, Woods & Rooney, 2010) and are reported to operate five core functions within their work: assessment, consultation, intervention, evaluation and research (Scottish Executive Education Department, 2002). These core functions were further endorsed in the Wales and England analysis of the role of the EP and were found to be applied across organisational, group and individual levels (Farrell et al., 2006). Toland and Carrigan (2011) pose that both England and Scotland apply a similar interactive framework which guides the work of EPs. This framework suggests that EPs should be part of a team around the child, who will work with the different systems surrounding the child. They state that it is apparent that there is a similar model of applied psychology for EPs across Britain and that this model is predominantly ecological in nature (Toland & Carrigan, 2011). It is recognised that EPs in Britain work within ever-changing educational and community contexts; the role of the EP is required to respond flexibly to the shifting climate within which they work (Fallon et al., 2010).

Rayner and Male (2013) asked schools who support children identified as having SLD and PMLD to rate the usefulness of the support services they received. Schools reported fewer experiences of working with EPs in comparison to a variety of other professionals, including clinical psychologists,

occupational therapists, physiotherapists, social workers, career advisors, specialist teachers, and speech and language therapists, with a mean number of 8.7 hours per term. Furthermore, only 7% of the respondents rated EPs to be 'very useful.' The categories 'moderately useful' and 'of some use' were scored just over 35% each, and 21.9% of teachers rated EPs to be 'of no use.' Rayner and Male (2013) identify a need for EPs to consider how they can usefully contribute to schools which support children who are identified as having SLD and PMLD, especially in a climate of traded services. In addition, as previously mentioned, understanding how to support individuals who are identified as having more profound learning difficulties is becoming increasingly important as prevalence studies demonstrate a rise in children with more complex needs (Emerson & Hatton, 2008; Male & Rayner, 2007).

The current research therefore has relevance to the practice of EPs by extending our understanding of children who are identified as having SLD and PMLD, which is particularly important considering the limited amount of work in which EPs have previously been reported to be undertaking in schools that support these children. The focus of the research – how play opportunities can facilitate social play between peers – is a key aspect of child well-being and inclusion, which EPs are greatly involved with (Fallon et al., 2010). Furthermore, this study analysed the adults' role within the play sessions. This analysis may provide EPs with a greater knowledge of how to contribute to different levels within these schools, such as working beyond the individual-child level.

Working with school staff who support children who are identified as having SLD and PMLD promotes the foundations of the social model of disability, by considering how children who have greater developmental

challenges than others, can be enabled to achieve and participate in new experiences by those who support them. Working in this way also reflects the consultation model, now adopted by many EP services (Fallon et al., 2010; Wagner, 2008), and reinforces the importance of moving away from viewing the problem to be 'within-child' towards analysing how the external, environmental factors can be modified to support children (Wagner, 2008). The relevance of the research to the role of the EP will be revisited and elaborated upon throughout the discussion of this study.

## **1.6 Structure of Thesis**

Chapter 1 has presented the rationale for the study and described two key concepts that inspired the current study. Chapter 2 reviews the literature in relation to social play and describes the Vygotskian framework underpinning the study. Chapter 3 describes the methodology, including the design, methods of data collection and data analysis. Chapter 4 presents the results in relation to each Research Question (RQ) and Chapter 5 discusses and evaluates the main findings of each RQ. Chapter 5 also discusses the strengths, limitations and implications of the current study.

## **Chapter 2 Literature Review**

This chapter firstly presents a discussion of the definitions of play and a description of the sequential development of play in childhood. Research studies that have investigated the importance of social play within child development are then presented and are subsequently followed by studies which demonstrate the challenges that children, who are identified as having SLD and PMLD, have with engaging in social play. Studies which have led and reviewed play interventions for children who are identified as having SEN are then discussed. Children, who are identified as having SEN, are focused on at this point due to the limited research specifically investigating play interventions for children who are identified as having SLD and PMLD. A rationale for the chosen theoretical framework which informed the approach underpinning the play sessions within the current study is outlined. Finally, a summary of the current study is presented.

Key data bases, such as PsychINFO, ERIC and the British Education Index, were searched to identify the most relevant literature for this study. Due to the variety of definitions for severe and profound and multiple learning difficulties, the data bases thesauruses were used to identify the most commonly used alternatives for these terms. The thesaurus for certain databases did not recognise the term 'severe/profound and multiple learning difficulties' (e.g. ERIC and British Education Index) and therefore more general terms were searched for instead, such as "Special Needs" or "Learning disabilities". These terms were searched with other key words, including Play, "Social Play" and "Social Interaction", for example. When search results



returned with larger volumes of research, key terms including “severe” and “profound” and “social” were searched for within the results. Due to the limited amount of research on children who are identified as having SLD and PMLD and their play behaviour, research studies from outside of the UK were included in this literature search, as well as theses, unpublished research and textbooks. Government websites were also explored to identify relevant legislation, commissioned research and policies. The references from the most relevant research studies from these searches were read to access other key literature to additionally inform the present study. Appendix 1 provides further detail about the search terms specific to each data base and the inclusion and exclusion criteria applied to the literature.

## **2.1 Definitions and the Developmental Stages of Play**

Play is a subject which is notoriously difficult to operationalise (van Oers, 2013a) because it is multi-faceted and does not combine simply into a single phenomenon (Goncu & Gaskins, 2014). To operationalise play for the current study, common themes across two widely used definitions of play (Burghardt, 2011; Smith, 2010) have been identified. These are: (1) enjoyment; (2) intrinsic motivation; (3) predictability; (4) differing from ‘serious’ behaviour in that behaviours occur early on in development before it is considered to be useful; (5) repetitive yet flexible behaviour; and (6) occurring in the absence of feelings of stress. Although these themes provide some guidelines as to how to identify play, they are still considered to be unsuccessful to a certain extent (van Oers, 2013b) due to the subtleties and variety of play behaviour (Burghardt, 2014). One of the difficulties, perhaps, of offering certain criteria for identifying

play as a whole concept is due to the various types of play that children can engage in and how play behaviour presents itself differently throughout child development.

Social play in particular involves children having “spontaneous possibilities for sharing their reciprocal and joint experiences” within play (Suhonen et al., 2015, p.289). One of the most commonly referred to taxonomies of social play reflects the differing extents of social participation in play (Parten, 1932). These differing states of social play are classified into six categories: *unoccupied* where the child shows a lack of focus or interest in play; *solitary play* whereby children play by themselves with objects; *onlooker play* where children watch the activities of others and offers comments and show enjoyment, but they do not actively engage in play; *parallel play*, in which children play near each other but do not interact; *associative play* is when children begin to share objects and communicate with each other; and finally, *co-operative play* is when children demonstrate co-operation with one another and work towards a common goal. The current study has adapted Parten’s (1932) taxonomy of social play to document the nature of play that occurred between the children who are identified as having SLD and PMLD within the structured play sessions. The use and adaptation of Parten’s (1932) taxonomy of social play is elaborated upon in Chapter 3 Methodology.

## **2.2 The Importance of Social Play for Children**

There is a considerable amount of research which emphasises the positive contribution of social play on various aspects of child development. Research indicates that play is interconnected with socio-emotional wellbeing

and highlights the importance of providing opportunities for play-based social interaction. For example, Rentzou (2014) examined the association between types of play and behavioural difficulties in children with a mean age of 3.5 years. The study found positive correlations between solitary-active play (solitary imaginary play) and hyperactive/distractable behaviour. Furthermore, solitary-passive (observing others) and reticent (solitarily using objects) play behaviour were both positively associated with anxious/fearful behaviour. On the other hand, social play was negatively correlated to hyperactive/distractable behaviour and anxious/fearful behaviour.

Research has also demonstrated correlations between social play and language ability. For instance, Holmes, Romeo, Ciraola and Grushko (2015) explored the interconnectivity between creativity, receptive language and social play in children with a mean age of 4.9 years. Complex co-operative play, the most socially complex form of play according to their scale, was associated with higher levels of receptive language. Moreover, creativity scores were lower when onlooker play, solitary play and parallel play increased. This study therefore portrays the importance of children being able to participate in more complex forms of social play that involve actively engaging with peers.

The importance of social play is also portrayed through the personal views and perspectives of children who are identified as having SEN. One study (Roulstone, Coad, Ayre, Hambly & Lindsay, 2010) asked children who are identified as having a range of speech, language and communication needs (SLCN), and their parents, about their preferred outcomes within education. A key theme that emerged for the children were opportunities to have fun, laugh and participate in social activities, therefore reflecting peer acceptance and

Farrell's (2004) concept of inclusion. One participant stated that she wanted to be better at making friends, indicating that she valued and desired relationships with her peers. These preferred outcomes mirror the findings from another study which found that young people, who have a diagnosis of autism, expressed a longing to develop friendships (Bauminger & Kasari, 2000). For the parents of children who are identified as having SLCN, one overarching theme was their concern for their child's social inclusion; parents wanted their children to belong to, and interact with, a peer group (Roulstone et al., 2010). The opportunities social play provides for reciprocity, shared experiences and enjoyment with others, can be a medium for developing relationships and having fun with peers.

According to one study, play can indeed facilitate the development of relationships and inclusion. Through narrative enquiry, Davis and Murphy (2016) told the story of a teacher, Claire, and how she had facilitated the inclusion of a child, Madeline, with a chronic illness, within her mainstream classroom. Claire felt that through play, Madeline was able to physically and academically grow and explore without feeling evaluated. By developing a play-based curriculum within the classroom, Claire supported Madeline's integration with her peers by encouraging them to work together with a sense of freedom. This case study illustrates how creating enabling environments, infused with opportunities for social play, can enhance the quality of life of children who are disabled, thus reflecting the vision of the social model of disability. Davis and Murphy (2016), however, mostly framed the success of Madeline's inclusion within the classroom on the skills of the teacher, thereby potentially presenting Madeline as having a minor role in her integration in the classroom. Those who

have explicitly applied the social model of disability to their research ensured that they attended to this critique by describing the agency and influence that the children had on their worlds (e.g. Nind et al., 2010).

Furthermore, social play is considered to provide important opportunities for children to be social actors, to co-create their interactions with others and explore their identity within a social world (Stetsenko & Ho, 2015). This suggestion is supported by research, particularly one study, which involved observing Si, a five-year-old boy within his Early Years setting over a full day (Dymtro, Kubiliene & Cameron, 2014). The observations documented examples of 'agentive play', where Si expressed his preferences and influenced situations around him, at times becoming a leader with those he was playing with. In addition, Si engaged in 'communitarian play' when he shared toys, offered help and co-operated with his peers. Dymtro et al. (2014) concluded that play provided a context for children to influence their environment, as well as connect to and respond to their peers.

In summary, the literature documents a range of benefits of social play. Not only is social play positively associated with aspects of child development, such as socio-emotional well-being and language development, social play can provide a forum to interact with and develop relationships with peers, which has been reported to be important for children who are identified as having SEN and their families. Studies have shown that social play can facilitate and encourage both inclusion (Davis & Murphy, 2010) and agency (Dymtro et al., 2014), therefore reflecting two of the principles of Valuing People (DoH, 2001, 2009); *inclusion and independence*.

Whilst the Valuing People Now (DoH, 2009) vision is to include and empower those who are often most excluded, the initiative does not provide any concrete suggestions for practitioners and carers of people who are identified as having PMLD of how to achieve this vision. It offers examples of using person-centred approaches, but with regard to developing meaningful relationships with peers – an area which is recognised within the document as being an ongoing challenge – there is very little mention. Facilitating and providing opportunities for social play can be one concrete strategy to promote the four guiding principles of Valuing People.

The first principle, *rights*, is clearly reflected in the influential document, The United Nations Convention on the Rights of the Child (1989), which states that every child has the right to play. Furthermore, studies which examine children's perspectives further demonstrate how play promotes *independence, choice and inclusion*. For example, Howe (2016) explored children's views about play during their time in Reception and Year 1 (ages 4 – 6 years old) and identified four themes. One of these was titled "I can do what I want to do", therefore representing independence and choice. Another was titled "I like to do dinosaur stuff", which emphasised children following their interests; another reflection of choice. The principle of inclusion was demonstrated through the theme, "I like playing with my friends." Another study elicited similar perspectives of children aged between seven and 11 years old by focusing on their views of childhood and adulthood. The opportunity to play was identified as a key aspect of childhood, referring to freedom of choice, in comparison to adulthood (Adams, 2013). Providing opportunities for social play for children who are identified as having SLD and PMLD is therefore not only a step

towards supporting their development, but according to case studies and the perspectives of children, it promotes the four principles of Valuing People (DoH, 2001, 2009).

### **2.3 Social Play in Children who are Identified as having SLD and PMLD**

There is a dearth of research which has investigated social play in children who are identified as having SLD and PMLD. The research that does exist indicates that these children require support to engage in social play. Suhonen et al. (2015) examined the social-communication and play abilities of children in an Early Years SEN setting in Finland. Participants were assigned to two groups: 'children without SEN' ( $N = 124$ ) and 'children with SEN' ( $N = 89$ ). Children who were identified as having SEN were separated into three groups which were labelled as those with language disorders, self-regulation difficulties, and severe disabilities. The children who were grouped in the 'severe disabilities' category were described to have 'significant and profound intellectual disabilities'. Children's play behaviour and social-communication skills were assessed at the beginning of the study and then followed up a year later.

Overall, children who were identified as having SEN participated in less social play, which particularly referred to engaging in imaginary play with others and reciprocal dialogue, than their peers without SEN. Between-groups analysis demonstrated that children who were identified as having severe disabilities engaged less in social play than their peers with and without SEN. In addition, their engagement in social play actually decreased in frequency between Time 1 and 2. More specifically, children who were identified as having severe

disabilities were reported to engage in more reticent play behaviour (investigates/uses objects solitarily) over the year, which has been associated with anxious/fearful behaviour in children in Early Years settings (Rentzou, 2014).

The findings from this study (Suhonen et al., 2015) highlight that children who are identified as having severe disabilities, in comparison to children who are identified with other SENs, are particularly vulnerable to making limited progress with their social play development. It should be noted, however, that a detailed definition of 'severe disabilities' is not provided. Without a definition, it cannot be certain that the category of 'severe disabilities' is equivalent to the definitions that have been used to define SLD and PMLD in the current study. Furthermore, the study measured children's play behaviour at two different points over a year which did not allow either for the analysis of ongoing dynamics in the classrooms or individual experiences. Analysis of the individual experiences of these children's social play may help to identify the factors influencing their engagement in more complex forms of social play. The current study therefore aims to provide in-depth and detailed analysis of the social play of the two pairs of children who took part in this study.

Imray (1996, cited in Imray & Hinchcliffe, 2014) set up a small group case study, involving three ambulant children identified as having PMLD. Each week, for 33 weeks, the children attended the same room with the same materials, which included coloured cloth, a tennis ball, metal chains and boxes. Adults observed unobtrusively and did not facilitate interaction or play between the children within these sessions. Although this design enabled a more in-depth and ongoing analysis of the children's experiences of the play



opportunities, over the course of the 33 weeks, the children did not interact with each other. They were observed to mostly walk around the room and self-occupy with their hands, sit on the floor, rock and sing, and occasionally pick up a tennis ball to let it drop.

Recognising that this environment for children who are identified as having PMLD was uncondusive for play, Imray (1997, cited in Imray & Hinchcliffe, 2014) made a second attempt at a non-adult intervention for play development. This time, four children identified as having SLD took part and were provided with more conventional toys, such as trucks and an indoor tent. They attended the room each week for 27 sessions and did indeed interact with one another; one child was described to take the lead within this group by giving instructions to his peers. Later on in the year, however, the roles each child had taken on in the group became rigid and inflexible preventing the development of varied play and interactions.

Imray's (1996, cited in Imray & Hinchcliffe, 2014; 1997, cited in Imray & Hinchcliffe, 2014) two studies provided further evidence, in addition to Suhonen et al.'s (2015) study, of the necessity to support children who are identified as having SLD and PMLD to play with their peers. Their difficulties with engaging in social play has implications considering that studies have demonstrated the importance of social play in child development, inclusion and well-being (see section 2.2). Simply providing opportunities, space and materials for these children is not enough to facilitate successful social play. These findings informed the current study in that adult-supported play sessions were provided for children who are identified as having SLD and PMLD with the intention of facilitating their social play.

## **2.4 Facilitating Play and Teaching Play Skills in Children who are Identified as having SEN**

There are a number of studies which have investigated adult-supported play interventions for children who are identified as having a range of SEN. Despite research which has identified the challenges for children who are identified as having SLD and PMLD to engage in social play, there is a paucity of research which examines play interventions/support for this group of children. One study implemented a play intervention in a SEN setting for children who were identified as having a range of SEN, and compared the results to a control group, which also consisted of children who were identified as having a range of SEN, but did not participate in the intervention (O'Connor & Stagnitti, 2011). Nineteen children, between the ages of five and eight years old, took part in the play intervention. The children had a range of diagnoses, including autism, developmental delay, hearing and visual impairments, and Down syndrome. Children attended play sessions twice a week, with each session lasting an hour, with a variety of materials, such as dolls, construction activities and a home corner. Therapists also participated in the play sessions to guide children in their play.

Pre- and post- assessments indicated that after six months the children in the intervention group were reported to have become less socially disruptive, more socially connected and to have significantly improved with their social interaction skills (O'Connor & Stagnitti, 2011). These findings demonstrated that providing regular play sessions with a range of materials and adult support can facilitate relationships and interactions with peers. Even though O'Connor and

Stagnitti (2011) made comparisons between the intervention and control groups, these groups were not matched, and therefore any differences could have been due to initial differences between the groups. This finding does, however, reflect the difficulty of 'matching' children who are identified as having SEN, due to the individual nature of their developmental challenges.

Furthermore, there is little detail provided about the play sessions, such as the number of children that were in each session and the role of the adult within these sessions. The nature of the adult guidance is not elaborated upon, therefore limiting the study's opportunity to inform practitioners about how they can replicate the study and support children's play.

Exploration of the role of the adult within play sessions which aim to facilitate social play between children is particularly important because adult-support has been found to be a defining attribute to the success of such interventions. For example, one study aimed to test the efficacy of a play-based intervention for children identified as having Attention-Deficit Hyperactivity Disorder (ADHD) (Wilkes, Cordier, Bundy, Docking & Munro, 2011). The children, accompanied by their parents, attended seven weekly sessions with a range of toys. Parents observed each session from behind a screen and received support from the therapist, which enabled them to practise the skills that the children were learning in the sessions at home, therefore promoting the generalisation of skills. Each child identified as having ADHD was taught certain social and play skills with a typically-developing and familiar peer, which they then had to practise and remember in play. The study found that the children improved significantly with being able to spontaneously initiate play and showing more aspects of empathy. Furthermore, the study found anecdotal

evidence of generalisation of play skills in different contexts, as reported by parents. Whilst it was recognised that the therapist's role was crucial in supporting children to share positive interactions, such as turn-taking, yet again, detailed analysis of the exact nature of the adult support was not included within this study.

A meta-analysis of 14 studies (Kossvaki & Papoudi, 2016), which implemented play interventions within school settings for children who are diagnosed as being on the autism spectrum, concluded their analysis with clear recommendations for practitioners to improve the effectiveness of play interventions. These recommendations informed and further supported the methodological and theoretical rationale of the current study. One of these recommendations, consistent with Wilkes et al. (2011), highlighted the importance of adult support and mediated learning within play opportunities. They argued that theories which promote mediated learning, such as Vygotsky's theory (1978), can be key frameworks to support children to learn new play skills and to engage in interaction. Indeed, Vygotsky's theory is the framework which was adopted for the current study and is discussed in the following section of this chapter.

Furthermore, this meta-analysis identified that 50% of the reviewed studies examined the transferability of play skills, specifically whether play skills were demonstrated in other settings, with other people, and at different times of the day (Kossvaki & Papoudi, 2016). Wilkes et al. (2011) provides an additional example of a study of the investigation of the transferability of play skills after a play intervention for children with ADHD. Kossvaki and Papoudi (2016) further suggested that investigating transferability of skills is an asset of

studies conducted in real world settings, as opposed to laboratory-based studies, in which transfer becomes more difficult. The current study also attends to this commendation of research and investigates the transferability of play skills, by assessing spontaneous demonstration of play skills in other settings.

Finally, Kossyvakaki and Papoudi (2016) recommend for research studies to include school staff in the implementation of play interventions. The meta-analysis found that an increasing number of studies included teaching staff in the research process. Inclusion in the research process can be an opportunity for staff to enhance their skills and knowledge about the topic of study and potentially give a sense of ownership over the intervention, which is an underlying principle of the consultation model (Wagner, 2008). The consultation model suggests that individuals who have a sense of ownership over projects and/or creating solutions will be more likely to continue to implement strategies to support change. Involving school staff may therefore promote the continuation of the intervention, or the exploration of the topic of study, even after the researcher has completed the study. The consultation approach was applied to the current study, to involve the staff who participated and facilitated the play sessions in the overall design and set-up of the play sessions (see Chapter 3 Methodology).

In summary, the research reviewed in this section demonstrates that play-based interventions can be effective in developing social play skills, such as initiating play and becoming more socially connected with others. These findings therefore support the argument that social play opportunities can facilitate inclusion – the sense of belonging and peer acceptance – and also reinforces how creating enabling environments for individuals with additional

challenges can make positive contributions to their lives, thereby reflecting Oliver's (2004) intended purpose for the social model of disability. These studies analysed the efficacy of such play interventions through quantitative measures, before and after the play sessions have taken place. With a focus on the outcomes of these sessions, an understanding of the nature of play between the participating children has been neglected, as well as the nature of adult support. The current study seeks to address this limitation and add new knowledge to the literature by providing rich and detailed analyses of the social play between children who are identified as having SLD and PMLD and the nature of the support provided by the adult.

## **2.5 Vygotsky: The Theoretical Framework for the Present Study**

Based on the recognition of the role of mediation in the success of developing play and social interaction skills for children who are identified as having SEN, Vygotsky's (1978) socio-cultural theory was utilised as the theoretical framework for which to approach the play sessions. Vygotsky's theory emphasises the importance of interacting with others to enhance learning and argues that internal developmental processes are heightened when a child is interacting with others and co-operating with peers. According to Vygotsky, learning occurs by creating a zone of proximal development (ZPD), which is characterised by the difference between the child's actual level of development (as indicated by what the child can achieve independently) and the level of development that the child can achieve when being guided and supported by others, who Vygotsky described to be 'more able'. According to Vygotsky, "what a child can do with assistance today she will be able to do by

herself tomorrow” (Vygotsky, 1978, p.87). Therefore, through interacting with others who can provide assistance and guidance, the child is exposed to knowledge and can imitate actions that are beyond their current developmental stage. These skills are then internalised and can be completed independently.

In adopting a Vygotskian framework for the current study, the concept of the ‘more able’ other has been applied in two ways. First, adult support is provided in each of the play sessions to facilitate social play between the children. The provision of adult support is in line with the recognition that children who are identified as having SLD and PMLD require support to engage in social play and therefore need assistance to create a ZPD to learn and develop play skills. The second application of Vygotsky’s theory to the present study is the pairing of a child who is identified as having SLD, to act as a ‘more able’ other, with a child who is identified as having PMLD. The following sections discuss the limited research, which analysed the role of the adult in children’s play, followed by the rationale for the pairing of the children within the play sessions.

### **2.5.1 A Vygotskian framework: the role of the adult.**

Although there is a great deal of literature examining children’s early play experiences, there is very little focus on the role of the adult in play (Fleer, 2015). There is, however, a growing interest in the role of the adult in children’s play and studies have explicitly drawn upon Vygotsky’s (1978) theory as a framework for their research. Hakkarainen, Bredikyte, Jakkula and Munter (2013) explored the function of adults’ support in the pretend and narrative play of children aged between three and six years old. In particular, the focus of the

adults' support for this study was 'joint creativity' and the authors argued that adults not only have to support ongoing play, but must present extensions and models of play to create a ZPD for the children. By analysing field notes, video and photo records from 12 play sessions with a range of adults, they identified seven characteristics of how the adults successfully supported pretend play. These characteristics included: (1) developing a motivating shared theme; (2) actively taking roles when participating in play; (3) emotional involvement of play events; (4) co-construction of play events; (5) dramatic tension of play themes; (6) coherent plot; and (7) elaborating children's play when children begin to show disinterest. The study concluded that their analysis reflects how skilful adult participation in play can produce a shared creative venture and extend children's ideas within narrative play. This study therefore supports Vygotsky's (1978) concept of learning through interacting with a 'more able' other.

On the other hand, Fleer (2015) also applied a Vygotskian framework and examined the adults' role in enhancing imaginary play in children between the ages of four and five years old, within play-based educational settings. She suggested that in utilising a Vygotskian framework, the adult can adopt a variety of roles to extend play, including modelling play skills for children. Fleer (2015) found, however, that in everyday educational environments, truly engaging in and sustaining imaginary play with children was not a consistent and recurring event. Video observations also identified examples of when the teacher attempted to bring their own learning outcomes into the children's play, therefore creating a mismatch of intent within the play. Even though adult-mediation has been found to facilitate and extend children's play (Hakkarenien



et al., 2013), Fleer's (2015) study demonstrated that the adult can disrupt the flow of play if the play agenda they are driving is not shared by their partner.

Whereas both Fleer (2015) and Hakkarenien et al. (2013) focus on the adults' role in extending and supporting children's imaginary play, Tarman and Tarman (2011) analyse the role of the adult within a range of children's play experiences. This study presented a case study of the role of one teacher in supporting the play experiences in her Early Years classroom (Tarman & Tarman, 2011). A descriptive vignette was chosen to illustrate each facilitative role that the teacher adopted. These roles described different levels of involvement in play starting from; (1) an onlooker, who gives non-verbal signs and asks the children questions about their play; (2) a stage manager role, which provides suggestions to children and assistance with play materials; (3) a co-player and participating in children's play; and ending with (4) a play leader, which is a directive role whereby the teacher gives explicit demonstrations of how to carry out an act. The vignettes captured how each role, with differing degrees of involvement, facilitated and extended children's play. Therefore, whilst Fleer (2015) and Hakkarenien et al. (2013) emphasise the importance of active participation within children's play, Tarman and Tarman (2011) demonstrated that there are differing levels of influence which are important for facilitating and extending play.

The studies reviewed in this section have all provided detailed and in-depth analysis of the adult's role within children's play. They demonstrated that adults can indeed facilitate the development of play skills by becoming involved at varying levels. Yet one of these studies indicated that if adult support differs from the purpose and intent of children's play, this can be detrimental to the

facilitation of play, therefore highlighting the importance of engaging with child-led play. The children who took part in these studies were typically developing children and therefore the role of the teacher being examined was in relation to children who express their ideas with language and participate in more complex forms of social and symbolic play. Subsequently, the current study adds another dimension to the existing research on the adults' role within play because it specifically focuses on the facilitation of social play in children, who are identified as having SLD and PMLD, which has never been researched before.

### **2.5.2 A Vygotskian framework: collaboration between peers.**

Vygotsky's (1978) theory identifies that a 'more able' other, who can support a child in moving towards a higher level of development, does not need to be an adult, but can be a more competent peer. Indeed, peer learning is widely implemented across mainstream schools and is defined as "the acquisition of knowledge and skill through active supporting and helping among status equals or matched companions. It involves people from similar social groupings who are not professional teachers helping each other to learn and learning themselves by doing" (Topping, 2005, p. 631). Furthermore, it is specifically related to Vygotsky's theory in that peer learning involves support and guidance from a more competent other.

Topping's (2005) theoretical model of peer learning identifies that by interacting with other peers, children can consolidate and extend their communication skills through their interactions with one another. In addition, the model highlights that there is an affective component to peer learning that is different to working with an adult or trained teacher; a peer does not hold the

same position of authority as an adult does and therefore working and interacting together is likely to support feelings of competence and confidence. This affective component is aligned with the inclusion principle underlying the current study, that of fostering inclusion by encouraging a sense of belonging amongst peers (Farrell, 2004) and by using students as 'resources' to support one another (Booth & Ainscow, 2011).

One study paired children who have diagnoses of ADHD with typically developing children for a play-based intervention, to develop the social skills of children who are identified as having ADHD (Wilkes et al., 2011). This partnership intended to promote peer-modelling and friendship development although the study did not detail the nature of play between the children. Whilst the findings demonstrated that both the children with and without a diagnosis of ADHD developed their social skills according to pre- and post-measures, it is unclear as to whether the typically developing child did indeed model play skills for their partner as intended and whether this contributed to the success of the intervention.

A more in-depth study, which implemented Vygotsky's (1978) theory in relation to peer collaboration within a SEN educational setting, examined peer tutoring between Gemma, a six-year-old identified as having SLD, and Gary, who was five years old at the time of the study and identified to have PMLD (Chalaye & Male, 2011). A case study presented detailed observations of how Gemma and Gary interacted together. Initially, Gemma was encouraged by the teaching staff to support Gary and she was described to gradually play the role of 'teacher' with Gary as her 'pupil'. Yet some interactions illustrated stark differences between the support Gemma offered Gary and the support he

received from teaching staff. For instance, when passing Gary his crisps at snack time, Gemma was less accurate at this than a teacher and Gary therefore started to reach for them himself, consequently increasing his independence and agency. Moreover, Gemma supported and prompted Gary to sign 'more' when trampolining together by putting his hands together and waiting for a response. Overall, this study highlights how Gemma was the 'more able' peer in supporting Gary, corroborating Vygotsky's argument that a 'more able' other can be either an adult, or a more competent peer.

The limited research on social play with children who are identified as having SLD demonstrates that they did engage in social play to an extent without adult facilitation (Imray, 1997, cited in Imray & Hinchcliffe, 2014), whereas children who are identified as having PMLD did not engage in social play at all without adult facilitation (Imray, 1996, cited in Imray & Hinchcliffe, 2014). Consequently, some children who are identified as having SLD do have the skills to initiate play and engage with their peers, although their play skills may be lacking in flexibility and sensitivity. Aligned with Vygotsky's (1978) theory, and informed by Chalaye and Male's (2011) study, the current study paired a child who is identified as having PMLD, with a child who is identified as having SLD, to act as the 'more able' other and support and encourage their peer to play.

## **2.6 Summary of the Current Study**

The literature review described the importance of social play and social opportunities for children. It is therefore surprising that for children who are identified as having SLD and PMLD, for whom social play is a challenge, there

is little documentation of how these children can be supported to play together. Inspired by the concepts of inclusion and the social model of disability, this study aimed to address this gap in the literature by creating adult-supported, structured play sessions for two pairs of children. This pairing was informed by inclusion principles (e.g. using children as 'resources' to support one another) and theory which states that children can learn and acquire skills through interacting with 'more able' others (Vygotsky, 1978).

The literature review identified a further gap in the research; the role of the adult in social play. Research has only recently started to analyse the role of the adult (Fleer, 2015), although this is in relation to typically developing children, and focused on imaginary play (e.g. Fleer, 2015; Hakkarainen et al., 2013), rather than social. Even play intervention studies, which have identified the key role of the adult in the effectiveness of the intervention, have not described the nature of the adult support to facilitate play. Therefore, although the current study did not implement a play intervention, structured play opportunities were provided, which allowed in-depth examination and exploration of both the nature of social play between the children and the role of the adult.

Furthermore, the current study sought the perspectives of the adults who facilitated the play sessions. Kossyvaki and Papoudi (2016) highlighted the value in including school staff in play interventions to promote their professional development, yet the play sessions described in the literature review have been reported from the perspective of the researcher. Therefore, gaining the views of the adults is important to better understand their individual experiences and the benefits and challenges of the play sessions from their perspective.

Finally, this study has a case study design and was therefore conducted in a real-world setting. In line with Kossyvaki and Papoudi's (2016) recommendations of real world studies which have facilitated play skills in children who find social play challenging, this study also examined the transferability of play skills. Transferability in this context refers to the spontaneous reproduction of social play behaviours in other settings in the school, such as the classroom or playground, for instance. The specific aims and RQs are stated below.

## **2.7 Aims and RQs**

The aims of the current study are as follows:

1. To provide adult-supported, structured play sessions for two pairs of children, each pair consisting of a child who is identified as having SLD and a child who is identified as having PMLD, with the intention of facilitating social play between them.
2. To analyse the role of the adult facilitator within the play sessions.
3. To examine the benefits and challenges of the play sessions as perceived by the adults.

The RQs related to these aims are:

1. What is the nature of social play that occurs between the child identified as having SLD and the child identified as having PMLD within the structured play sessions?
2. What is the nature of the adult support during the structured play sessions?

3. What are the adults' perceptions about the benefits and challenges of the play sessions, and how might their experiences impact on future practice?
4. If the structured play sessions facilitate social play, does this transfer to other contexts?

The design and methodology of the current study are presented in Chapter 3 Methodology.

## **Chapter 3 Methodology**

This chapter describes the methodology of the present study. It details the rationale for the research design and the research methods that were thought to be best suited to the study's aims and RQs. The chapter presents descriptions of the participants, including how they were recruited, ethical issues considered and the development of the play sessions. Finally, the rationale for the data analysis is described with the procedure of the analysis.

### **3.1 Research Paradigm**

The present study adopts a transformative epistemology. This epistemological standpoint places priority on "the pursuit for social justice and the furtherance of human rights" (Munger & Mertens, 2011, p.25) and is argued to be applicable to conducting research with people who are disabled and vulnerable to experiences of social oppression and exclusion (Munger & Mertens, 2011). A transformative approach is pertinent to the present study because, as has been previously highlighted in the Introduction chapter of this thesis, people who are identified as having SLD and PMLD are at risk of being excluded from society.

The purpose of this epistemological position is to provide a basis for social change that support human rights and social justice (Munger & Mertens, 2011). In the context of the present study, it is hoped that by providing opportunities for social play and detailing the experiences of children who are identified as having SLD and PMLD within structured play sessions, this research will encourage the future practice of schools and practitioners to offer increased social play opportunities for this population of children. Specifically, at



the end of the study, the TAs who participated were invited to talk about and reflect on their experiences of facilitating the play sessions with the intention of considering how similar experiences for children might be continued in future practice. This intention is represented in RQ 3.

Munger and Mertens (2011) outline certain criteria to be addressed in applying a quality transformative epistemology, specifically with regard to how the researcher addresses traditional researcher-participant power imbalances. For the current study, the play sessions were devised in collaboration with the adult participants, using a consultation approach which values the expertise of others. In addition, purposeful consideration was given to the protection of children's rights within the research (e.g. right to withdraw) and are further discussed in section 3.8 of this chapter.

The transformative epistemology also reinforces the importance of understanding the perspectives of those who often do not have a 'voice'. Gaining the views of children who are identified as having SLD and PMLD can be challenging due to the language and cognitive levels of these children. This challenge has meant that these children have been excluded from research studies in the past (e.g. Rabiee, Sloper, & Beresford, 2006). Yet Nind et al. (2010) argue that the views of these children can still be accessed, through observational methods and the descriptive portrayal of their experiences. Indeed, within the present study, the children's experiences within the play sessions are qualitatively described, as well as quantitatively, to provide a more thorough understanding of the children's uniqueness and individuality within their play sessions.

The present study also embraces a constructionist ontology and therefore recognises that the nature of reality is subjective with the existence of multiple versions and is co-constructed through interactions with others (Johnson & Onwuegbuzie, 2004). Children who are identified as having SLD and PMLD often have idiosyncratic communication and behaviours and it can therefore be difficult, particularly for those who are unfamiliar with them, to accurately interpret and understand the meaning and intentions of their behaviour. Consequently, the researcher spent time discussing certain play experiences throughout the study with the adults who facilitated these sessions, to challenge the researcher's own subjective interpretations, and to co-construct meaning of the children's experiences with those who know the children well. Also, a semi-structured interview at the end of the implementation of the play sessions with the adult participants enabled the exploration of the reality of events of the play sessions through their lens, therefore promoting the development of a shared understanding between the researcher and adult participants.

Finally, constructionism states that each person actively constructs their understanding of themselves and their place in the world, rather than simply being a product of the interactions that they encounter. This position is also reflected in Vygotsky's (1978) socio-cultural theory, which asserts that cultural knowledge is not simply transmitted to children, but children actively respond, process and transform these external influences to make their own individual meaning from them (DeVries, 2000), and the social model of disability. In keeping with a constructionist stance, the current study adopts the viewpoint

that the participating children can actively construct, influence and make sense of their world.

### **3.2 Research Design**

#### **3.2.1 Multiple-case studies.**

This study is a multiple-case study design consisting of two cases. The focus of each case study is the social play experiences within structured play sessions between a pair of children, who are identified as having SLD and PMLD, and the support they receive from an adult to facilitate their play. Case study research stems from the motivation to explore and develop an in-depth understanding of a single case or a small number of cases within the context of the real world (Yin, 2014). This design is therefore relevant because the present study aims to analyse and explore social play between two peers within their educational context. The main characteristics of a case study include relying on and amalgamating multiple sources of evidence, which is detailed in the research methods section (section 3.6) of this chapter.

One of the main criticisms of case study research is a presumed lack of rigour (Yin, 2014). There are four logical tests which can assess the quality of social research designs. Yin (2014) attends to each of these four tests in reference to case study research to support researchers in devising a logical and systematic design. The first test is construct validity, which refers to clear operational definitions and measures for the constructs that are being studied. One of the proposed challenges of doing case study research is that the researcher's subjective judgements are entwined with data collection and analysis, therefore skewing the findings with biases. To address this challenge

and the construct validity test, Yin (2014) recommends that the concepts are specifically defined and aligned with previous published research.

Indeed, for the present study, RQ 1 focuses on the nature of social play between the children within their structured play sessions. Social play, as defined in Chapter 2 Literature Review, is when children have “spontaneous possibilities for sharing their reciprocal and joint experiences” within play (Suhonen et al., 2015, p.289). Therefore, spontaneous and reciprocal interactions within the children’s play experiences are focused upon – spontaneous interactions involve peer-to-peer interactions that have not been prompted by an adult, such as spontaneous bids for play, and reciprocal interactions are those which result in an ongoing exchange (i.e. a turn from one peer is responded to by a turn from another peer) that are responsive to and contingent on the peers’ previous actions/interaction, such as turn taking (Prizant et al., 2006). Furthermore, the nature of the children’s social play is analysed by using and adapting Parten’s (1932) social play taxonomy, of which more recent definitions of each category of play have been adopted by play observation schedules (Rubin, 2001; Howes & Mattheson, 2000). The final definitions for each type of social play and the interactions/behaviour within play are detailed in Table 2 (section 4.1).

Research Question 2 examines the nature of the adult support during the structured play sessions. As already mentioned, the nature of adult support has been previously investigated in typically developing children’s play. One study in particular generated four types of adult facilitation from their observations (Tarman & Tarman, 2011) and the definitions of each of these types of adult support were adopted for data analysis, which is further described

in section 3.9.2. Therefore, to address the construct validity test, the present study has used a range of existing literature to define certain concepts which are being investigated.

The second test refers to internal validity, which is only relevant for studies that are seeking evidence for a causal relationship (Yin, 2014). This test is therefore irrelevant for the present study as it does not aim to do this.

The third test addresses external validity; the extent to which the findings from the study can be generalised. Due to the singularity of case study research, this has been a common criticism (Simons, 2014). Indeed, Yin (2014) recognises that case studies cannot represent a population, yet he poses that the goal is to better understand and generalise theories that underlie the case study. Therefore, the clear use of a theory which informs the research design (e.g. Vygotsky, 1978), is key to strive for external validity. It should also be recognised that children who are identified as having PMLD and SLD have very unique needs and abilities. Consequently, these children require an individualised approach for their learning (Imray & Hinchcliffe, 2014) and generalising findings from research studies for this population of children can only be, at best, tentative. Therefore, more apt for the current study is the concept of 'fuzzy generalisation' (Bassey, 1999). This concept proposes that research findings may be of further interest to others whilst accepting the limitations and uncertainty of the generalisation.

The fourth and final test in judging the quality of a research design is reliability, which means that the study can be repeated (the same case study) with the same results. Yin (2014) suggests that a case study protocol should be developed to clearly document the procedures that have been used. The

sections within a case study protocol include an overview of the case study, data collection procedures, data collection questions and a guide for analysis and the write-up of the case study report. Frequent supervision was received throughout the whole process of this study, with the aim of ensuring that the researcher was applying clear, logical and systematic procedures throughout each phase of the research. This chapter aims to detail clear guidelines and procedures, as Yin (2014) highlights is important for the reliability test.

There is, however, a particular challenge in relation to the reliability of the current research given the individuality of the children participating and the nature of the enquiry. As has already been noted in section 3.1, children who are identified as having SLD and PMLD have unique ways of communicating and behaving, which require a high degree of interpretation. Aligned with the constructionist approach, individuals have differing interpretations of the events they observe and therefore another researcher may conduct the same research although interpret it differently. A colleague – a Consultant Speech Therapist – however, was involved in the development of the methods and definitions of behaviour to collect and analyse the data (see sections 3.6.2, 3.9.1.2, 3.9.3) in a more reliable way, to attenuate any individual biases within interpretations.

### **3.2.2 A mixed methods approach to the case studies.**

An advantage of case study research is that it is flexible and is not bound by a particular type of methodology or perspective (Simons, 2014). The current study therefore employed a mixed methods approach to the two case studies. Johnson, Onwuegbuzie and Turner (2007) synthesised the common

points of a variety of definitions of mixed methods to generate one definition.

Mixed methods research is a combination of:

“elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative view points, data collection, analysis, inference techniques) for the purposes of breadth and depth of understanding and corroboration.” (Johnson et al., 2007, p. 123).

In particular, definitions stated that mixed methods research can provide a more in-depth understanding of a topic and enhance description (Johnson et al., 2007), which is particularly important for an under-researched topic area, such as the focus of the current study. Furthermore, Klingner and Boardman (2011) stated that mixed-methods research “legitimizes the use of multiple approaches in answering RQs. It is inclusive, pluralistic, complementary and eclectic” (Klingner & Boardman, 2011, p.209).

In relation to the transformative epistemological stance, a mixed methods approach to the case studies is particularly relevant. Mertens (2012) argues that qualitative methods are important within a transformative stance to learn about the specific community who are participating in the research and establish trusting relationships. Indeed, qualitative case studies are prominent in research with children who are identified as having learning difficulties (Chalaye & Male, 2011; Nind et al., 2010), as well as the role of the adult in children’s play (Fleer, 2015; Hakkarainen et al., 2013; Tarman & Tarman, 2011). Quantitative data can then supplement and corroborate the qualitative findings, to reduce the subjective biases that qualitative methods are vulnerable to (Johnson et al., 2007). This is particularly important for the current study considering the idiosyncratic nature of the behaviours may require a higher level

of interpretation. It is thought to be rare for researchers who are adopting the transformative perspective to only use one approach with a one-off data collection (Mertens, 2012). The current study uses a range of data collection methods, including qualitative and quantitative methods, which are detailed in section 3.6 of this chapter and summarised in Table 1 at the end of this chapter.

Research Question 1 aimed to identify the nature of social play between the children during the play sessions. Data for this question were collected both via structured observation of the different categories of play that the children engaged in and unstructured observation of the nature of social play in particular. The structured observation was analysed quantitatively, whereas the unstructured observation data were analysed qualitatively. Both types of observation occurred after the event, by observing the filmed data.

Research Question 2 aimed to investigate the nature of adult support during the play sessions as provided by the teaching assistants (TAs) who facilitated the children's play. Data for this question were collected via unstructured observation, which were then analysed qualitatively. In addition, structured observation was conducted on a narrow aspect of the data to better understand the effectiveness of the adults' role; these data were analysed quantitatively.

Research Question 3 aimed to explore the benefits and challenges of the play sessions, and how their experiences might impact their practice, as perceived by the adult participants by using a semi-structured paired interview, which was analysed qualitatively. Research Question 4 aimed to identify whether any of the observed play behaviours during the play sessions were transferred to other settings, such as the classroom, for instance. These data



were collected by informal interviews throughout the implementation of the play sessions, by asking the TAs who supported the play sessions whether they observed the children spontaneously engaging in social play outside of the play sessions.

### **3.3 Preliminary Research**

Preliminary research was conducted to shape and inform the current study's aims, RQs and methodology. This preliminary research was conducted with children identified as having SLD and PMLD and the adults who support them at school. Influenced by Vygotsky's (1978) theory, two pairs of children – each pair consisting of a child who is identified as having SLD and a child who is identified as having PMLD – within one classroom in a special educational setting (a different setting to the context of the current study), were partnered together with the aim of facilitating interactions between them.

At the start of this preliminary research, school staff who worked in the classroom were invited to participate in a consultation to: (1) identify children who might interact well together; and (2) discuss situations where the pairs could be encouraged by staff to interact together. The consultation approach worked well for building an initial rapport with the adults and enabled them to be more active participants within the study. This approach was consequently utilised for the current study (see section 3.7.1). Within this consultation, it was suggested that the researcher attend the school once a week to observe the interactions. The staff agreed to encourage the children's partnerships every day and make 'field notes' to record examples of spontaneous times that the children interacted together. For the researcher, filming rather than making field

notes was found to be important to capture and revisit the subtleties of the interactions between the peers. Recording the play sessions via filming was therefore used for the current study.

At the end of the preliminary research, after nine weeks, the staff engaged in a group interview to evaluate the research process. The researcher felt that this was an important reflective process and rich data were gathered about the staff perspectives. The comments that staff made during this interview informed the current study. In particular, it was noted by staff that the relationships within each pair developed differently. One relationship was described to have developed into a 'friendship', with the child identified as having SLD spontaneously initiating play with his peer. This observation shaped the first aim of the study to focus on social play between children who are identified as having SLD and PMLD, due to the value that was placed on this relationship by school staff. In addition, this observation influenced the development of RQ 4, which investigates the transferability of play skills to other contexts, as assessed by observing the children spontaneously demonstrating social play behaviours outside of the play sessions. The staff, however, did not write any field notes due to having little time to do so and therefore this data collection technique was not used for the current study; instead informal interviews were used to assess RQ 4 (see section 3.6.6).

The other partnership was described to have developed into a relationship that was characterised by a more nurturing nature, with the child identified as having SLD acting as a 'father figure'. Both of these relationships support the notion that the child identified as having SLD is the leading child, by either spontaneously initiating play, or behaving as a nurturer. The pairing in the

preliminary study therefore supported the rationale of using Vygotsky's (1978) notion of the 'more able' other in devising the play sessions in the current study. The differences between the peers also supported a multiple-case study design of the current study, to provide analysis of two separate cases to understand each pairs' individual experiences.

Staff also expressed that it was difficult to remember to pair the children and that the visits from the researcher acted as a 'reminder' to do so, therefore compromising the fidelity of the research. They suggested that if they were to do it again, they would allocate "special staff" to develop and facilitate a more structured schedule of encouraging peer-to-peer interaction for the peers. The school staff explained that it was difficult to facilitate the pairs, due to the other children in the class who required staff time. Consequently, it was decided to provide play sessions outside of the classroom with a consistent member of staff, where children could have focused adult facilitation. In addition, the researcher attended every play session to promote fidelity of the play sessions. The impact of the researcher on these play sessions is considered further in Chapter 4 Results and Chapter 5 Discussion.

Whilst it is acknowledged that a more formal pilot study is beneficial to assess the exact methods that will be used in the current study, conducting these with children who are identified as having SLD and PMLD is not always realistic or practical. Due to the heterogeneous nature of these children, children in the pilot study may respond differently to those who take part in the main study. In addition, children who are identified as having SLD and PMLD can take longer to respond to new situations. A pilot study with this group of children may therefore require a prolonged period of time to capture meaningful

data that can be used to assess the exact research methods for the main study. As a result, this initial research served to inform and shape the current study by evaluating the methods used, as well as identifying key points of interest, which were subsequently explored in this study.

### **3.4 Context of the Current Study**

This research study took place in a school that supports children who are identified as having a range of SEN, in particular children who are described as having SLD and PMLD and children who are diagnosed with autism. The school has over 200 pupils and caters for children from reception (four years old) to sixth form (19 years old). For the academic year 2014 to 2015, statistical data about the school demographics showed that 74.1% of the pupils were boys, 25.9% were girls and 12.3% were reported to have English as an additional language (Open Government License, 2016). In December 2014, Ofsted (2015) stated that the school has an above average proportion of pupils who are of ethnic minority heritages and one third of the pupils are supported by pupil premium funding, for pupils who are known to be eligible for free school meals and children who are looked after by the local authority. Ofsted rated the school as 'Good' overall (Ofsted, 2015).

The children who participated in the current study attended two classrooms which are organised by both age and ability. One child (Emma) attended a classroom for children in Year 4 and Year 5, particularly for children who are identified as having PMLD, including children who have a diagnosis of autism. The other children (Thomas, Harriet and Charlotte) attended a classroom for children in Year 4 to Year 6 with a wider range of needs, including

children who are identified as having SLD, PMLD and who have diagnoses of autism. In Emma's class there were a total of seven children supported by four members of staff. In Thomas, Harriet and Charlotte's classroom, there were 10 children supported by four members of staff.

### **3.5 Participants**

#### **3.5.1 Procedure of participant recruitment.**

Two pairs of children and two adults participated in this study. Figure 1 outlines the stages for recruiting participants. First, the researcher visited the school to talk to the senior management team (SMT) about the project, who then disseminated the information to school staff at team meetings and shared information letters about the study. Then, a purposeful sampling approach was used to identify children who would be appropriate for the study by consulting with school staff.

Selection of cases were related to the study's theoretical propositions of interest (Yin, 2014), which in this case was driven by Vygotsky's (1978) social learning theory and the concept of a 'more able' peer who can model play skills and support a child who is at an earlier stage in their development. Therefore, for each pair, one child whom school staff described as having SLD and another, who was described as having PMLD, were identified. Further inclusion criteria which was discussed with school staff to identify children for the participation in the study were as follows:

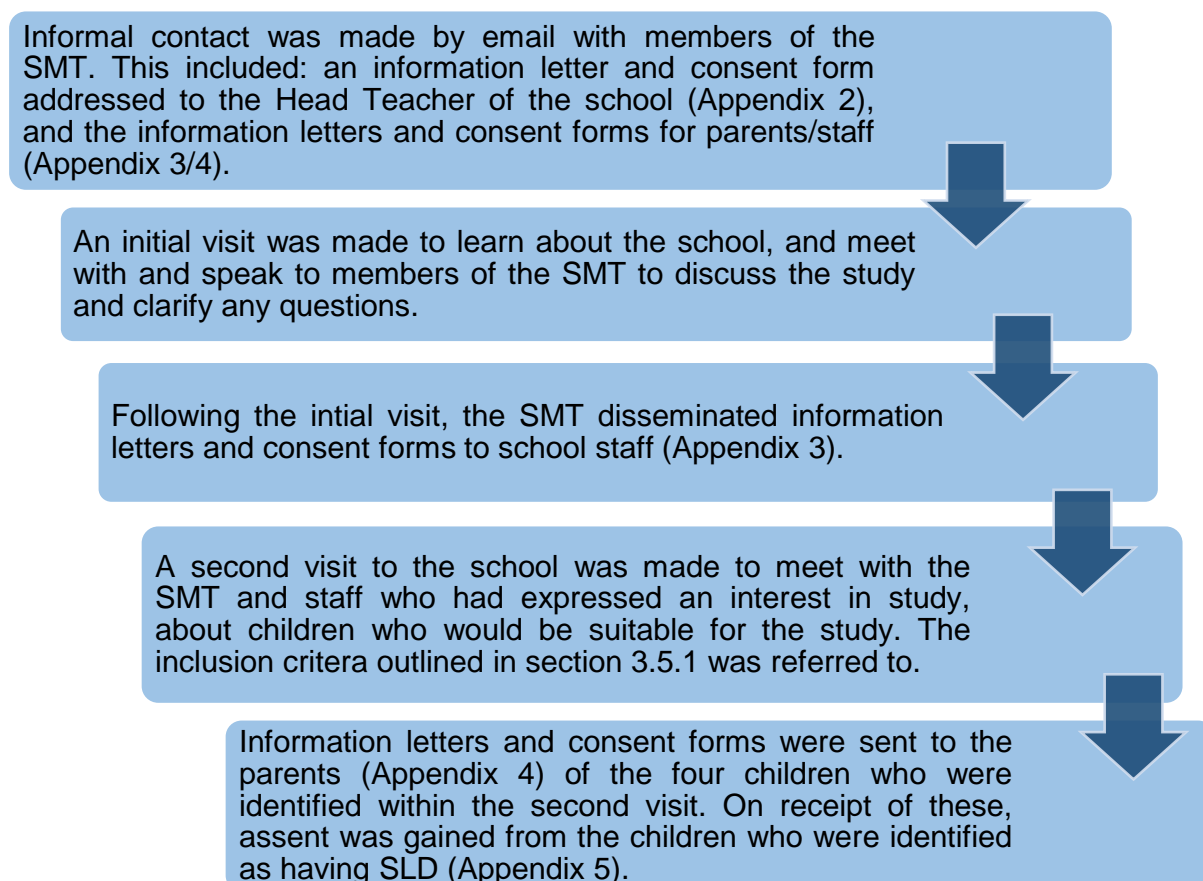
1. The children should be familiar with one another so that initial time was not spent building rapport;

2. It was important that the staff felt that children would enjoy the play sessions, or gain from these facilitated experiences in some way, such as children who show interest in their peers but find it difficult to interact with their peers in class;
3. The children who were identified as having SLD were required to have a certain level of understanding of language or signs so that they could understand prompts that the adult offered during the play sessions. The definition of a child who has 'emerging language', who can understand and use between ten and 100 words and/or symbols (Prizant et al., 2006), was used to support with the identification of appropriate language level;
4. The children who were identified as having PMLD were required to express intentional communication. The definition that was used to identify the expression of intentional communication was: verbal or non-verbal behaviour which is intended to have an effect on a communicative partner (Prizant et al., 2006). This behaviour was considered important so that the children were able to reciprocally communicate with others;
5. The children who were identified as having PMLD were required to be ambulant to the extent that they did not rely on adults to move towards or away from certain objects or people. This was to ascertain their interest and motivation within the play sessions and ensure that they could physically respond to their peer/adult without support.

After identifying the children who met the above inclusion criteria, the adults were recruited on a voluntary basis. The only requirements for these

adults were that they knew the children well and felt confident enough to support the children with their play and interactions.

**Figure 1 Recruitment of participants**



### **3.5.2 Participant details.**

The needs and abilities of each child who participated in the study are described in detail below. This description includes a summary of information from their statements of SEN, or Education and Health Care Plans (EHCP), and comments from the staff who know them well. The TAs who facilitated the sessions are also introduced. All of the participants' names have been changed to protect their anonymity.

### ***3.5.2.1 Pair A: Harriet and Thomas, facilitated by Theresia.***

At the beginning of the study, Harriet was 10 years and 4 months old and Thomas was 10 years and one month old. Harriet was identified by school staff as having PMLD and Thomas was identified by staff as having SLD.

#### *Harriet.*

Harriet was described by staff to be cheeky, stubborn and happy at school. She will pay an interest in others by watching them. She can communicate some words to others using speech and signing, although this depends on her motivation levels. Harriet's EHCP states that she has a diagnosis of Mosaic Down Syndrome and is on the autism spectrum. She also has reduced mobility due to poor muscle tone, increased flexibility and requires a buggy for long walks.

Staff felt that Harriet would be suitable for the study because she finds it difficult to engage with other children in the classroom, although she enjoys watching them. Staff were interested to see what would happen when Harriet was given more focused support in a quieter environment. Harriet's EHCP states that on a day-to-day basis, staff should aim to create opportunities for Harriet to communicate functionally and spontaneously throughout the day. Therefore, offering Harriet play opportunities with her peer supported these targets.



*Thomas.*

Thomas was described to be “a very sociable child” and he enjoys playing with others. His EHCP states that he has a diagnosis of Down Syndrome and fluctuating conductive hearing loss, for which he wears a hearing aid. Thomas can express his needs verbally in sentences and can combine signs with his speech. Staff felt that Thomas would be a suitable partner for Harriet because of his sociable nature and his motivation to play with others.

*Theresia.*

Theresia, who facilitated pair A, had worked at the school for eight years. She works in a classroom which caters for children who are identified as having both SLD and PMLD, which Thomas and Harriet both attend.

#### ***3.5.2.2 Pair B: Emma and Charlotte, facilitated by Liz.***

At the beginning of the study, Emma was eight years and 1 month old and Charlotte was 10 years and 1 month old. Emma was identified by staff as having PMLD and Charlotte was identified as having SLD.

*Emma.*

Emma is described to be “an alert and happy girl who laughs and giggles throughout the day.” Although Emma is content in participating in solitary and exploratory play, she takes an interest in her peers’ play and will observe them, occasionally reaching out and smiling at her peers as they play. Emma is preverbal and expresses herself through facial expressions and vocalisations. Her statement of SEN states that she has global developmental

delay, macrocephaly and mild-to-moderate hearing loss. Emma has a wheelchair and a standing frame to help her to move between locations. She can crawl around the floor independently and can pull herself up at a table. Staff felt that Emma would be appropriate for this study because of her happy nature and her motivation to watch and initiate communication with others.

*Charlotte.*

Charlotte is a quiet girl, yet active and energetic, who enjoys messy play and looking at books. She mostly uses single words to communicate her needs and staff feel that she has a good understanding of language. She relates particularly well to adults and enjoys acting as a nurturer towards other children. Charlotte has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). Staff thought that Charlotte would be a suitable partner for Emma because of her nurturing nature towards children who are younger than her.

*Liz.*

Liz, who facilitated pair B, had worked at the school for 14 years. She works in a classroom for children who are identified as having PMLD and knows Emma particularly well as she provides her with one-to-one support across the school day. Liz has also built a relationship with Charlotte over the years at the school through mixed class activities.

### **3.6 Research Methods**

#### **3.6.1 Observation.**

Observational methods were used to examine RQ 1 and RQ 2:

- Research Question 1: What is the nature of social play that occurs between the child identified as having SLD and the child identified as having PMLD within the structured play sessions?
- Research Question 2: What is the nature of the adult support during the structured play sessions?

One of the most common methods for case study designs are observations (Yin, 2014; Simons, 2009). There are two main approaches to observational methods: (1) unstructured and narrative approaches, which are considered to be in-depth and humanistic; and (2) coded schedules, which are quantitative and considered to be scientific (Robson, 1993). Both structured and unstructured observational methods were utilised (see below) to address RQ 1 and RQ 2. Each play session was filmed by the researcher and data collection, through both structured and unstructured observational methods, occurred after the event.

The participant-as-observer role (Robson, 1993) was applied by the researcher during the filming of each play session. This role endeavours to ensure that the participants know that the researcher is an observer. This role is particularly appropriate in the case where the researcher aims to implement a certain situation within the context that is being studied (Robson, 1993), as the current study does by implementing play opportunities. One criticism of the participant-as-observer role is the danger of artificiality (Robson, 1993) and may be seen to diminish one of the strengths of observation, which is to gain a

comprehensive picture of a natural setting and context (Simons, 2009). One-to-one and small group support, however, are regularly implemented in educational settings and this is therefore not unusual or outside of the remit of the school.

A second limitation of observational methods is that the participants' awareness of the observer may influence their actions (Robson, 1993; Yin, 2014). To try to alleviate this limitation of observation techniques, the researcher attended the children's classrooms for a lesson before the play sessions began, to encourage familiarity and rapport. In addition, promoting the TAs' input into the play sessions and subsequently, their ownership over the play sessions by using a consultation approach (section 3.7.1), aims to create a more balanced and equal relationship between participants and researcher, which may help to reduce researcher effects. Although researcher effects can be alleviated to some extent, the presence of another person, especially a person who is using filming equipment, is likely to have some impact on the behaviour of the participants. This limitation is reported upon in Chapter 4 Results as part of the findings from the analysis of the TAs' interview (section 4.3.2.2), and further elaborated upon in Chapter 5 Discussion.

### **3.6.2 Structured observation methods.**

A structured time-sampling observation schedule was used to record the presence of different categories of play that each child engaged in for the duration of each play session. The aim of a structured, systematic observation is to describe and record behaviour over time in a specific setting using a set of predetermined categories. Parten's (1932) taxonomy of social play (e.g.

unoccupied, solitary, onlooker, parallel, associative, co-operative) and Rubin's (2001) play observation schedule (e.g. transition) were used to form the predetermined categories for the structured observation. Each play state was mutually exclusive within the structured observation and was coded within 10 second intervals for each child separately. This time interval was informed by Rubin's (2001) structured observation of children's play, which also uses 10 second intervals to code play behaviour. Employing structured observation techniques does not seek to evaluate or explain the data, but to simply quantify the pre-determined categories (Barker, Pistrang, & Elliott, 1995), in this case, the nature of play within the play sessions.

Quantifying the nature of the social play – the different categories of social play – is important considering that only one study has done this before for children who are identified as having SLD (e.g. Suhonen et al., 2015) and no studies have attempted this with children who are identified as having PMLD. Furthermore, Suhonen et al.'s (2015) study highlighted that children who are identified as having SLD mostly engage in solitary play in their everyday setting. Therefore, using Parten's (1932) taxonomy for the structured observation, from 'unoccupied' to 'co-operative play', will enhance existing knowledge by identifying the length of time that the children spent engaged in different categories of social play within a setting designed to facilitate social play. As stated earlier, however, this study is not assessing a play intervention, it is *exploring* and describing the nature of the social play that the children engage in when provided with opportunities for play. Quantifying the nature of social play will consequently inform whether providing these opportunities did facilitate social play between the children who participated in this study.

Regarding the development of the structured observation schedule, this tool was initially trialled over one play session for each pair of children using the filmed data (Session length for Pair A: 16 minutes 50 seconds, and session length for Pair B: 17 minutes 20 seconds). Following this trial, another play category was added as there was a large proportion of time that could not be classified under the definitions of the play states suggested by Parten's (1932) taxonomy. Therefore, another framework was referred to – Rubin's (2001) play observation schedule – and an additional category (Transition) from this framework was added.

The schedule was trialled for a further 10 minutes (five-minutes for Pair A, and five-minutes for Pair B) by a second observer – a Consultant Speech Therapist. Further amendments were made after discussion with this second observer, particularly with regard to the definitions of Solitary and Parallel play, to understand a clear difference between these categories of play, as well as Co-operative play. Due to the nature of the children's needs, it could, at times, be difficult to identify the intent of their behaviour, such as if they were deliberately passing a ball to their peer (as part of Co-operative play) or simply holding out a ball, for example.

The definitions that were agreed upon for each category of play are presented in Table 2, in section 4.1, together with the existing literature that was used to inform and guide the definitions. Although the pre-determined categories represent a growing sophistication of social play, the main interest of the current study is Associative and Co-operative play as these closely reflect the definition of social play that has been adopted; specifically relating to reciprocal and shared experiences with peers within play (Suhonen et al.,

2015). Following the amendments to the definitions of the play states, a further 10-minute period (five-minutes for Pair A, and five-minutes for Pair B) of coding indicated an inter-rater reliability of 83.7%.

### **3.6.3 Unstructured observational methods.**

Unstructured observational methods were applied to gain a deeper and richer understanding of the nature of social play for the two pairs of children (RQ 1) and the nature of the adult support (RQ 2). Qualitative methods are thought to be particularly valuable when a topic of study has not been addressed before with a specific sample; these methods provide rich descriptive accounts to illuminate a topic (Creswell, 2014). Applying unstructured observational methods allowed the researcher to collect and analyse data with few predefined boundaries.

It is argued that purely using quantitative research methods in research with children transforms them into “a de-personalised object of systematic enquiry, their individuality evaporated into a set of measurable independent and dependent variables” (Woodhead & Faulkner, 2008, p.13). Consequently, for the current study, qualitative research methods were deemed appropriate to explore and present the intricacies and subtleties of how children who are identified as having SLD and PMLD play together, and how the adult facilitated their social play.

### **3.6.4 Interviews with the TAs.**

Interview techniques were used to examine the remaining RQs:

- Research Question 3: What are the adults' perceptions about the benefits and challenges of the play sessions, and how might their experiences impact on future practice?
- Research Question 4: If the structured play sessions facilitate social play, does this transfer to other contexts?

Interviews enable the researcher to gain a deeper understanding of a situation by exploring the participants' story and perspectives (Simons, 2009) and are therefore insightful and targeted (Yin, 2014). The aim to explore the TAs' perspectives reflects the concept that there are multiple versions of reality and interpretations of events, as situated within the constructionist ontology, which the current study adopted. To address the different RQs, different types of interview techniques were applied.

### **3.6.5 Semi-structured interview.**

At the end of this study, a semi-structured interview was used to yield the views and perspectives of the TAs who facilitated the play sessions (RQ 3). This type of interview involves asking pre-prepared questions (see Appendix 13 for the interview schedule), although the interviewer has the flexibility to re-order these and ask follow-up questions depending on the content that is being discussed (Robson, 1993). The two adults who facilitated the play sessions were invited for an interview and were given the choice to do this together or separately. Giving the TAs a choice aimed to diminish the researcher-participant power imbalance, in line with the transformative epistemology. They were keen to listen to one another's experiences and therefore chose to speak about their experiences together.



Robson (1993) suggests that interviews that occur within a group rather than individually can be vulnerable to the influence of power hierarchies. These power hierarchies may shape what people say during the interview, or when one person dominates over another. A tendency to conform to the opinions of others might suggest that the views expressed lack validity (King & Horrocks, 2010). There is an ongoing uncertainty about the extent of these group influences on each individual participant, but King and Horrocks (2010) state that undoubtedly, interacting as part of a group will affect what some people say; some people may say more, whilst others might feel more comfortable to express themselves as part of a one-to-one interview.

Despite these disadvantages of collecting data through a paired interview, there are also many advantages. They may be less threatening to an individual than a one-to-one interview and provide an opportunity to cross-check the perspectives and statements of individuals (Simons, 2009), therefore developing a shared understanding of an experience. King and Horrocks (2010) suggest that familiarity between participants can build a level of confidence to share and discuss a topic. Another key advantage was that both TAs knew all four of the participating children well. It was therefore hoped that this would create dynamic discussion between the TAs, including consideration of wider implications and understandings about the topic (King & Horrocks, 2010). This interview took place two weeks after the play sessions ended and was conducted in a quiet room without interruptions. The interview lasted for 42 minutes and 40 seconds and was recorded on a voice recorder for later transcription and analysis.

### **3.6.6 Informal interviews.**

Informal interviews or ‘interviews as conversations’ (Simons, 2009) were used to capture whether any of the behaviour within the play sessions was being repeated in other contexts (RQ 4). This approach is likened to a conversation to indicate friendliness and equality between the researcher and the participants, which reflects the transformative epistemology stance. As part of the procedure of the play sessions, there was a short time to reflect on each session with the TAs who facilitated the play. During this time, they were also asked whether there had been any examples the play behaviour in other contexts; e.g. whether they had seen the spontaneous reproduction of play behaviours that were occurring within the play sessions. The TAs were well situated to observe the children’s behaviour because they work with the children in class on a daily basis. The informal interviews were documented by making field notes, during and immediately after they happened.

## **3.7 Play Sessions**

To examine the play experiences of children who are identified as having SLD and PMLD, opportunities for social play were organised within the school. For each pair, the play sessions took place in a private room away from the classroom with their facilitator. Harriet and Thomas participated in 10 play sessions starting in November 2015 and ending in January 2016, whereas Charlotte and Emma participated in nine play sessions during this time. The number of play sessions that each pair took part in was influenced by factors such as the organisation of school trips (one occasion for each pair), the absence of certain children (one occasion for Pair B), the absence of a TA (one

occasion for each pair) and clear dissent to participate (one occasion for each pair).

In addition, the length of the play sessions varied within and across pairs. This difference arose because it had been agreed with school staff that sessions would be terminated if children were demonstrating that they were not engaging with the play sessions, which reflects the commitment to the protection of children's rights within the study by applying ongoing consent (see section 3.8), or due to other external factors such as school trips/activities. Harriet and Thomas's play sessions ranged from 7 minutes, 20 seconds (Session 1) – 16 minutes, 40 seconds (Sessions 7 and 9). Their total play time was 2 hours, 12 minutes, 10 seconds. The length of Charlotte and Emma's play sessions ranged from 3 minutes, 20 seconds (Session 7) to 19 minutes, 40 seconds (Session 3). Their total play time was 2 hours, 4 minutes, 40 seconds. The researcher was present in every session to film the children playing. After each play session, the researcher and adult who supported the session were able to reflect on the session and consider whether anything needed to change for the following session.

There were two sources that were used to inform the implementation of the play sessions for the current study. One of these sources was the Social Communication Emotional Regulation Transactional Support (SCERTS) model (Prizant et al., 2006). SCERTS is a multi-disciplinary approach to supporting and developing the socio-emotional skills of individuals who are identified as having speech, language and communication difficulties. The SCERTS model suggests that peer-to-peer interaction and play skills should be facilitated in a semi-structured means within predictable and supported activities that are

intrinsically motivating. Furthermore, the model recommends that familiar and more simple activities are important to enhance predictability and reduce stimulation, as novel and exciting activities or toys can add unpredictability, and therefore lead to over-stimulation.

The second of these sources, Imray and Hinchcliffe (2014), also suggest approaches to support play in children who are identified as having SLD and PMLD. Similarly to the SCERTS model (Prizant et al., 2006), Imray and Hinchcliffe (2014) identify the importance of individually meaningful and motivating activities and recommend structure, repetitiveness and predictability. With the emphasis on individually motivating activities, a consultation approach was used to promote collaborative working between the researcher and school staff. Therefore, the play sessions were developed together, particularly because the staff know the children well and can identify what they find motivating.

### **3.7.1 Consultation: an approach to organising and developing the play sessions.**

Before the play sessions began, a consultation occurred between the researcher, some members of the SMT and the TAs who had volunteered to take part. Consultation is a framework which is practised in educational psychology and is built upon the principles of interactionist and constructionist psychology. The consultation approach promotes collaborative working with a variety of professionals by recognising that each individual has their own unique expertise and perceptions that they bring to a situation (Wagner, 2008). The purpose of this consultation was to come to a shared understanding of how to

approach the play sessions. Within this consultation, the children's abilities and interests were explored to aid the consideration of the materials that should be chosen for each pair. The decisions from this consultation were focused around four themes: practicalities of the sessions; role of the adults; preparation for the sessions; and ongoing evaluation of the sessions. The decisions related to each theme are presented below in more detail:

#### *Practicalities.*

- Staff arranged to facilitate the play sessions once or twice a week for each pair. Play sessions were organised to happen on the same day at the same time for consistency.
- A room was booked every week to ensure that there was a private space for the children's play sessions. This was to ensure that the TAs could provide focused support for the children and to diminish distractions.
- It was felt that the length of the play sessions needed to be flexible. It was considered that external factors, which could influence a child's mood, or the child's level of motivation on each day, could influence the length of time of the sessions.

#### *Role of the adults.*

- TAs were informed that the intention of the study was to facilitate social play between the children and therefore adult support should be centred around encouraging play together. Specifically, the definition of social play was discussed (shared and reciprocal experiences within play) and

what this might look like for each pair, such as turn taking, sharing, and showing enjoyment.

- The researcher was to adopt a passive-observer role; the play sessions aimed to facilitate peer-to-peer interaction and therefore active involvement of another adult was thought to be potentially distracting for the children.
- The TAs agreed to take a child-led facilitative approach within the sessions.

#### *Preparation.*

- Familiar materials and toys that were thought to be simple, yet intrinsically motivating were discussed. These included large building bricks, a big ball, a soft ball, Mr Potato Head figurines, soft 'ring' or 'donut' toys to build on a stand, and messy play, for example. It was noted that toys needed to be 'soft' particularly for Pair A, because Harriet enjoys throwing objects.
- The TAs agreed to play with these games/toys with the children the week before the play sessions began to ensure that the children became familiar with the toys.
- The researcher arranged to meet the participating children within the classroom environment a week before the start of the sessions so that the children had some awareness of the researcher.

### *Ongoing evaluation.*

- A 'trial and error' approach was agreed. The adults and researcher reflected on each play session to consider whether the set-up or materials needed modifying for the next session.
- The 'trial and error' approach was also discussed in relation to the role of the adult. It was suggested that the first two sessions should involve very little facilitation so that staff and the researcher could analyse peer-to-peer interactions without heavy adult support and consider how best to facilitate.

### **3.7.2 General procedure of the play sessions.**

Before the children entered the room for their play session, the researcher brought all the agreed toys into the available room. The toys consisted of a range of small and large toys. The small toys were all put into a large box, including small building blocks, Mr Potato Head and parts, tea party sets, stickle bricks, and wooden figurines (the wooden objects were taken out of the box for Harriet's play sessions because she likes to throw objects). The box and the larger toys – large yellow building blocks, a variety of soft balls, a large soft dog, and stacking donuts – were spread out around a clearing in the middle of the room, which was sometimes marked by a mat (if the mats had been left in the room by other members of staff).

At the start of each session, the children were asked with signing, "shall we go to play?" The researcher sat in the corner of the room and greeted the children and adult when they entered the room and the camera was then turned on. Following from the consultation with the TAs, the facilitators used a child-led

approach with the intention to guide the play if the children required support to play together. They led the children to the middle of the room so that the toys were within easy reach and waited to see what the children did before acting. If the children played on their own initially the TA waited to analyse whether they required support to initiate play together. The TA then made a decision, when they felt it was appropriate, to attempt to draw the children's attention to each other. If the children started to play together unprompted, the TA acted accordingly, either observing and commenting, or joining in and directing, depending on the level of support the TA felt the children required at the time. The TA signalled to the researcher if she felt that the play session needed to finish by simply looking at the researcher and nodding. She also told and signed to the children that "play has finished" to which sometimes the children joined in and signed "finish." Appendix 6 demonstrates the set-up of the rooms and photos of the children and adults playing together during the sessions.

### **3.8 Ethical Considerations and Approval**

The current study was granted ethical approval by the Faculty Research Ethics Committee of the UCL Institute of Education (see Appendix 7). The ethics form was written initially for the preliminary study and whilst the eventual study focused on peer interaction in the context of structured play opportunities, ethical considerations (and methodology) remained the same. Ethical issues arise when conducting research with children due to the power imbalance between adult and child (Woodhead & Faulkner, 2008). This power imbalance is accentuated when conducting research with children who are preverbal or who may not be able to fully understand the purpose of the research and their



involvement within it. It is therefore the researcher's responsibility to develop ways of ensuring the participants' safety during the study, as well as adapting materials in a way that might facilitate the participants' understanding of their participation.

First, written informed consent was gained by the Head Teacher of the school (Appendix 2). The two TAs who facilitated the play sessions participated on a voluntary basis and were aware that their participation did not influence their employment in any way. They provided written consent (Appendix 3) to take part, which included consent to be filmed during the play sessions and consent to be recorded during the interview at the end of the study.

The parents of the children who took part in this study provided informed written consent, which also included consent to use filming equipment to record the play sessions (Appendix 4). The research yielded assent from the children who are identified as having SLD. Information letters were written as social stories (Appendix 5), which are stories that describe a situation or skill (Gray, 2010). Social stories have been used previously to inform participants who have a diagnosis of autism about their role within the context of research (e.g. Harrington, Foster, Rodger & Ashburner, 2014), although they have been used with a wider range of individuals with SEN (Test, Richter, Knight & Spooner, 2011). Therefore, the present study developed an individualised social story about the nature of the study as an information sheet for Thomas and Charlotte. The social story included photographs and Widgit symbols, which have been effectively used with children who are identified as having SLD to facilitate their understanding (Carpenter & Detheridge, 1994). The member of staff who was supporting the pair read through the social story with either

Thomas or Charlotte, and at the end asked them if this was something that they would like to do. Both Thomas and Charlotte said “yes.”

It was felt that, due to the level of need of the children who are identified as having PMLD, gaining meaningful informed consent from Harriet and Emma would not be possible. Therefore, the concept of ongoing consent was applied throughout the study. Ongoing consent has been described in previous studies as a process whereby researchers constantly assess participants' behaviour and responses to tasks as some individuals may not be able, or confident enough, to explicitly express their desire to stop participating (Cameron & Murphy, 2007; Pellicano, Hill, Croyden, Greathead, Kenny & Yates, 2014). The purpose of ongoing consent is to preserve the participants' right to withdraw from the study. In addition, the supporting staff were asked to monitor the children's behaviour throughout each play session to identify any signs of discomfort, due to their familiarity with the children's behaviour and communication. This responsibility was also detailed in their information letter (Appendix 3).

In relation to children who participate in peer learning, Topping (2005) states that a traditionally held view is that the children with a higher level of ability (the tutor) may be under-stimulated and are therefore unlikely to cognitively gain from this arrangement. Topping (2005) argues, however, that there are different advantages for each peer in comparison to teacher-child interactions. For the tutor, this includes the cognitive challenge of negotiating and communicating with another peer, monitoring their peers' performance and making adjustments to their own actions or explanations, as well as consolidating their knowledge of specific concepts and skills. Furthermore,

Topping (2005) suggests that there is an affective benefit for both children involved, which was referred to in section 2.5.2 of this thesis.

Indeed, recent research involving 168 children in a mainstream setting, between the ages of eight and eleven, demonstrated significant gains in both tutees and tutors' perceptions of self-competence and self-esteem who took part in peer learning activities (Miller, Topping & Thurston, 2010). Although Topping's (2005) model of peer learning is predominantly based on research of children in mainstream schools, there is one study which applied a peer tutoring approach for children identified as having SLD and PMLD (Chalaye & Male, 2011). This study identified benefits for the tutor (the child identified as having SLD), such as a growth in independence skills and social interaction with other peers, which supports Topping's (2005) assertion of the benefits for the tutor for a wider population of children.

With regard to filming the sessions, the data were kept on a personal and secure laptop and deleted at the end of the study. Small parts of a play session were watched by the supervisors of this research during supervision to discuss the progress of the study. A Consultant Speech Therapist, with a Disclosure and Barring Service check, observed some of the data in a private room to help with the development of inter-rater reliability for data collection and analysis. Parents and the TAs were asked permission before clips of the film data were shown to anyone else.

One of the children, Charlotte, was particularly interested in the camera and came to have a look at the film during a couple of the play sessions. She seemed curious and was happy to look at some of the footage together. Therefore, to signify the end of the play sessions for the children and to act as a

reminder to the children of the play sessions they were involved in, photographs from the film were printed off and film clips from the play sessions were transferred onto a disc and given to the school and participants.

### **3.9 Data Analysis**

#### **3.9.1 Procedure of observational data analysis: RQ 1.**

The observational data for RQ 1 ('What is the nature of social play between the child identified as having SLD and the child identified as having PMLD within the structured play sessions?') were analysed in two stages, first quantitatively and then qualitatively.

##### ***3.9.1.1 Quantitative analysis of observational data for RQ 1.***

For the first part of the analysis, the types of play that the children engaged in – referred to as 'play states' – within the play sessions, were documented using the structured observation schedule (see section 3.6.2 for a description of this tool and Appendix 8). Specifically, the amount of time that the children spent in different play states within each play session was calculated using the structured observation schedule.

This time-sampling technique measured the duration of time that each child spent in each play state (e.g. associative, solitary, parallel and so on) within every play session, in minutes and seconds. The structured observation schedule only recorded the duration of each play state for one child at a time. Differences in times between children in their social play, such as Associative and Co-operative play, is due to the involvement of the adult. For example, Emma and the TA played co-operatively, whilst Charlotte became an Onlooker.

The duration of time that the children spent in each play state within a session was then converted into a percentage of the total time of the session (rounded up or down to two decimal places). This percentage gives the proportion of time that the children spent in each play state for each session and was calculated for each child.

Next, the amount of time the children spent in each play state was added together across all individual sessions (ten sessions for Thomas and Harriet, and nine sessions for Charlotte and Emma) to give the total amount of time that the children spent in each play state. Again, these data were converted into a percentage of the total time of all play sessions. This calculation provided the proportion of time, within the sum of all of the play sessions, that each child spent in each play state. This conversion is in accordance with previous research (Sparapani, Morgan, Reinhardt, Schatschneider & Wetherby, 2016), which used video data to measure the proportion of time that a child demonstrated a certain aspect of active engagement over a specific observational period.

Converting the amount of time that the children engaged in the play states into a proportion of the total time of each play session was necessary due to the difference in the lengths of time of the play sessions. The differences between the lengths of time of the play sessions means that a straightforward comparison of the time spent in certain play states from session-to-session cannot occur because the sessions are not directly proportionate. Whilst converting the duration of time of play states into percentages means that the proportion of time children spent in different play states can be compared across sessions, this comparison is still limited due to the differences in

opportunity to engage in certain play states. For example, in a five-minute play session a child will have less opportunity to engage in social play in comparison to a 10-minute play period. Although this limitation is duly acknowledged, and the aim of the study as previously acknowledged is not to provide an intervention, these data are still presented to give an overall sense of any latent changes in social play which occurred over the course of the play sessions.

Tables were then generated to present the proportion of time that individual children spent in each play state within the total number of sessions and a line graph was produced for each pair to show the proportion of time that each child engaged in social play (Associative and Co-operative play) specifically within individual sessions. First, tables presented the proportion of the total time (all sessions) spent in each play state. The line graph describing social play was created by adding the proportions of time within each session that the children spent engaged in Associative and Co-operative play. The sums of the proportions of Associative and Co-operative play for each session were then plotted onto a line graph.

#### ***3.9.1.2 Qualitative analysis of observational data for RQ 1.***

The second part of the analysis for RQ 1 involved applying thematic analysis to identify key characteristics within social play. This part of the analysis particularly focused on play behaviours that are relevant to the definition of social play that has been adopted for the current study, therefore focusing on spontaneity and reciprocity. One of the strengths and unique points of thematic analysis, and a contributing reason as to why it was chosen as a framework for data analysis for this research study, is due to Braun and Clarke

(2006) providing a clear step-by-step process with the aim of making it a replicable and robust analytical procedure. This process was followed for the analysis of film data, although it should be noted that this is an iterative process. The main points of this data analysis are summarised below:

- 1) The researcher became familiarised with the data through immersion in the whole data set – both pairs of children – to understand the depth and breadth of the content. This involved repeated revisiting and watching of the film data and actively searching for meanings and patterns;
- 2) Initial codes were identified. Codes are a feature of the data that appears particularly interesting to the researcher. They were identified through paying equal and full attention to the whole data set initially, although codes were generated around the areas of focus for the present study (e.g. peer-to-peer spontaneity and reciprocity). Codes on the play behaviour of the children were made using NVivo, which enabled the researcher to annotate clips of film;
- 3) The codes were then organised and sorted into broader concepts, by considering how they combine into an overarching theme;
- 4) The potential themes were reviewed by re-visiting the data to decide whether there is a recurring, coherent and consistent pattern within a theme;
- 5) The themes were named, defined and described to grasp a good understanding - the 'essence' - of the main aspects of each theme and to consider whether sub-themes are present, such as by giving structure to a large and complex theme;

6) The themes were then written up in a concise and logical way.

The procedure specifically relating to the analysis in NVivo was as follows. First, all the films were uploaded into separate folders for each pair. Two main nodes were created initially using the title of each child's name so that the coding could occur directly for each child and the frequency of behaviours could be counted within this analysis also. Spontaneity and Reciprocity were then created as 'child nodes' under each child's name. Coding then began by watching the films and capturing, by marking on the film, sections of behaviour that was of interest. A behaviour of interest was written as another 'child node', and grouped either under Spontaneity or Reciprocity, depending on its nature. Appendix 9 presents a table with the initial names of the nodes, which were then clarified through definition and renamed to best suit their definition. The 'child nodes' of 'Uncooperative' and 'conflict' were amalgamated due to the definitions of each being similar. It was felt that the definition for 'Problem Behaviour' encompassed both of these behaviours.

Following this procedure, a second observer – a Consultant Speech Therapist – checked for the completeness of themes and identified another sub-theme within Theme 2 (Sub-theme 2, 'Imitated Word After Model'). The overarching themes were then described and each sub-theme is defined within Table 3 and Table 6 in Chapter 4 Results. A 10-minute period (five-minutes for Pair A, and five-minutes for Pair B) of film data were then independently rated by the researcher and the independent observer to identify the reliability of frequency of occurrence of the sub-themes. This inter-rater reliability exercise indicated 87.5% agreement. These data are presented in a bar graph to visually



demonstrate differences in the social play behaviour between the children in each pair.

Furthermore, one of the sub-themes ('Bids for Play') within Theme 1 was analysed in more depth. When the data analysis of one approach informs another form of data analysis such as this, this process is known as 'sequential analysis', specifically when utilising a mix of quantitative and qualitative methods (Morse, 1991). In this case, not only were the number of the spontaneous bids for play analysed, but the outcome of bids for play were recorded too. There were three possible outcomes of a bid for play:

- 1) Unsuccessful: this was demonstrated when their peers' bid for play did not lead to social play, such as the child not responding to their peer, or moving away from their peer;
- 2) Associative play: this was demonstrated when the children did respond to their peers' bid for play, which then resulted in a shared and enjoyable experience together (see definition of Associative play, Table 2);
- 3) Co-operative play: this occurred when the children responded to their peers' bid for play, which then resulted in either a turn-taking game, or when they worked together to achieve a goal (see definition of Co-operative play, Table 2).

A checklist was developed to support this process (Appendix 10) and there was an inter-rater reliability exercise, whereby 10 minutes (five-minutes for Pair A, and five-minutes for Pair B) of film data were coded using the checklist, which demonstrated an agreement rate of 84% between the researcher and second observer. The proportion of each outcome was then calculated from the total number of bids for play to detail the effectiveness of the

children's bids for social play. This proportional analysis is adopted from another research study with children who are identified as having SLD and PMLD, which examined the proportion of children's communicative bids that were responded to by adults (Greathead, Yates, Kenny, Croydon, Hill & Pellicano, *in press*).

### **3.9.2 Procedure of observational data analysis: RQ 2.**

To analyse the observational data for RQ 2, 'What is the nature of adult support during the structured play sessions?', these data were also analysed thematically. The difference between this thematic analysis and the thematic analysis for RQ 1, was the focus of the analysis. Specifically, RQ 2 addresses the nature of the role of the adult. The nature of adult support was explored in light of existing research, albeit limited, and thematic analysis offered a flexible qualitative method that was able to incorporate existing theory into the analysis, as well as enabling the discovery of the individual and unique supports that were applied within the play sessions.

The thematic analysis for RQ 2 initially entailed inductive thematic analysis. This data-driven analysis involved familiarisation and coding of the data using NVivo and then the identification of emerging key themes, thereby reflecting stages 1 to 4 of Braun and Clarke's (2006) step-by-step process, as detailed in section 3.9.1.2. After watching the observational data and becoming familiar with the data set (across both pairs of children), NVivo was used to make notes on certain extracts about the behaviour of the adults by describing their actions and comments. The written descriptions were printed (Appendix 11 has an example of the annotations that were written alongside the film clips

from NVivo) and codes were then noted to the side of the descriptions, as summaries and key words. They were then organised into groups for the initial themes based on similarity of the style of adult support. These initial key themes were: 'Giving time and space', 'Participating in play', 'Initiating and maintaining social play' and 'Resolving conflict'. Due to the fluidity of the roles, this proved to be a challenging task to ensure that each theme was separate and independent of one another. It was felt that 'Initiating and Maintaining Social Play' could be applied to the 'Participating in Play' theme and was therefore not distinct.

Tarman and Tarman's (2011) descriptions of the adult's role in play enhanced the distinctness of the themes. The codes from the descriptions were reviewed and organised according to Tarman and Tarman's (2011) existing definitions and the initial themes were mapped onto the deductive themes as follows: Onlooker ('Giving time and space'); Stage Manager ('Initiating and maintaining social play'); Co-player ('Participating in play'); and Play Leader ('Initiating and maintaining social play' and 'Resolving conflict'). This process formed a close connection between the codes and themes identified in the raw data and the already existing theory of the nature of adult support within children's play. Tarman and Tarman's (2011) definitions of adult support are presented as the final themes, with examples from this study's specific data set. Appendix 12 presents a table to show the organisation of codes, initial themes and Tarman and Tarman's (2011) roles as the final themes.

A checklist consisting of each type of adult support was devised with an attempt to capture the frequency of the different types of adult support which were observed across the whole data set for both TAs; however the nature of adult support was extremely dynamic and could be fleeting, too. The adults

shifted in and out of roles quickly and measuring the frequency of an 'onlooker' proved challenging. The combination of the dynamic nature of adult facilitation, with the very limited research on adults facilitating children's play, meant that the numbers of each of the themes were not captured within this analysis. Therefore, the aim of the data analysis for RQ 2, was to demonstrate the dynamic nature of the adult support through rich description and narrative vignettes. In addition, this form of analysis and production of rich description is in accordance with previous studies which have examined the adult's role in children's play (Fleer, 2015; Hakkarenien et al., 2013; Tarman & Tarman, 2011).

Furthermore, it was identified within the initial inductive themes that the adults played an important role in prompting the children to make bids for social play. Whilst the mapping process of inductive themes onto deductive themes demonstrates how adults supported children to initiate and maintain play using different styles of adult support (e.g. 'Play Leader' and 'Stage Manager'), it was decided to analyse how effective adults were at prompting social play between the children, in parallel with identifying how effective the children were at spontaneously initiating play. Consequently, the same procedure that was used to analyse the success of the children's spontaneous bids for play was used to analyse the success of the adults' prompts to initiate social play between the children. Therefore, the same checklist was utilised that was discussed in the previous section (section 3.9.1.2), using the same outcomes of bids for play (e.g. Unsuccessful, Associative, Co-operative) (Appendix 10).

### **3.9.3 Data analysis of interview data: RQ 3.**

To analyse the semi-structured paired interview with the TAs to answer RQ 3, ('What are the adults' views about the perceived benefits and challenges of the structured play sessions, and how might their experiences impact on future practice?') first, the recording was transcribed verbatim and was then subjected to thematic analysis, using the stages outlined in section 3.9.1.2. Instead of using NVivo to code the data, as was used for the film data, the transcript was printed out and extracts of interest were noted and codes annotated at the side of the transcript. An extract from this transcript is presented in Appendix 14 and Appendix 15 presents the groupings of codes (from the excerpt in Appendix 14) to themes. To aid this process, post-it notes with codes written on and key extracts/quotes were cut out so that similar concepts could be physically grouped together and moved around in the reviewing process. Reviewing the themes and codes involved re-engaging with the transcript and considering whether the final themes were a true representation of the interview data.

This thematic analysis involved purely inductive coding because the adults' perspectives have never been yielded before about the adults' role in children's play. In addition, the researcher was interested in capturing the individual perceptions of the TAs and not fitting these into existing theoretical frameworks. Braun and Clarke (2006) argue, however, that researchers cannot free themselves of their "theoretical and epistemological commitments" (Braun & Clarke, 2006, p.12). Indeed, this viewpoint reflects the constructionist ontology that multiple versions of reality exist and individuals will construct various interpretations and meanings of events. In acknowledgement of this

stance, and to increase the trustworthiness of the data analysis, the second observer took part in the coding of data and generation of themes.

The second coder analysed these data separately to the main researcher and themes were then finalised through sharing of interpretation and discussion. Hamilton and Corbett-Whittier (2009) suggest that this process is not to deal with a numerical assessment of the extent to which the ideas and codes match, but to instead focus on the extent to which there is commonality of interpretation. This discussion encourages the researcher to reflect on any biases which may have influenced their interpretation, as well as supporting the process of identifying and clarifying codes and themes (Hamilton & Corbett-Whittier, 2009).

**Table 1 Summary of methodology**

<b>Research Questions</b>	<b>Data sources</b>	<b>Nature of data</b>	<b>Data analysis</b>
1. What is the nature of social play between the child identified as having SLD and the child identified as having PMLD within the structured play sessions?	Child observation	Quantitative  Qualitative	Structured observation schedule analysis  Thematic analysis
2. What is the nature of the adult support during the structured play sessions?	Adult observation	Qualitative	Thematic analysis
3. What are the adults' perceptions about the benefits and challenges of the play sessions, and how might their experiences impact on future practice?	Paired semi-structured interview	Qualitative	Thematic analysis
4. If the structured play sessions facilitate social play, does this transfer to other contexts?	Informal interviews	Qualitative	N/A

The results of this analysis are presented in the following chapter, Chapter 4 Results.

## **Chapter 4 Results**

This chapter presents the findings of the current study. Each RQ is addressed separately. First, the analysis of the observational film data of the play sessions is presented for RQ 1 and RQ 2. Then, the interview data are presented to address RQ 3 and RQ 4. The children are referred to throughout this chapter: Thomas (child identified as having SLD) and Harriet (child identified as having PMLD) are pair A and were facilitated by Theresia; and Charlotte (child identified as having SLD) and Emma (child identified as having PMLD) are pair B and were facilitated by Liz.

### **4.1 Analysis of Data to Address RQ 1**

Research Question 1: What is the nature of social play between the child identified as having SLD and the child identified as having PMLD within the structured play sessions?

The data collected to answer RQ 1 comprised of both systematic structured observation and thematic analysis on the observational data. The systematic observation data are presented first, which details the proportion of time each child engaged in different play states and the proportion of social play (Associative and Co-operative) that each child engaged in within each play session. The definitions of each play state are presented in Table 2. As previously mentioned (section 3.9.1.1), the differences between children within each pair in their time spent within play states such as Co-operative



play/Associative play is due to the participation of the TA. For example, when the adult engaged in co-operative play with one child, whilst the other child became an onlooker. The thematic analysis is presented following the systematic observation data.

**Table 2 The definition of each category of play that was coded in the structured observation schedule.**

Category of play	Definition	Research evidence
Unoccupied	There are two types of unoccupied behaviours: (1) the child is staring blankly into space; or (2) the child is wandering with no specific purpose, only slightly interested, if at all, in ongoing activities.	Howes and Mattheson (2000); Parten (1932); Rubin (2001)
Transition	Transition is coded when a child, or the adult facilitator, is setting up a new activity or moving from one activity to another. Examples are walking across the room to find an object, setting up a game, or tidying up an activity.	Rubin (2001)
Solitary	The child is usually playing with toys that are different from those other children are using. The child is centred on his/her own activity and pays very little or no attention to their partner. The children may show one another brief, cursory glances, but these are not mutual, e.g. do not happen at the same time and the children do not make eye contact.	Parten (1932); Rubin (2001)
Onlooker	When being an onlooker, the child watches the activities of others but does not enter into an activity, although they may 'comment' (vocalise whilst watching or use language) on a behaviour of their peer or laugh/smile as they watch.	Parten (1932); Rubin (2001).
Parallel	Both children are playing independently, not <i>with</i> , each other, yet they show signs of awareness of one another, by looking at each other at the same time whilst they are playing, or reaching across one another for a toy. The difference between the two children being marked as solitary players is in the awareness they show one another.	Howes and Mattheson (2000); Parten (1932); Rubin (2001)
Associative play	Children share toys/objects with one another and communicate with one another, although this is not co-ordinated and does not involve ongoing reciprocity (e.g. less than two contingent play exchanges – the ball is rolled to a peer, which is returned once, but this does not continue).	Parten (1932)
Co-operative play	The children take turns, such as rolling a ball to each other. While taking turns, there is some understanding that one child's play behaviour follows the other. It is therefore characterised by 'reciprocity', which is defined as ongoing play exchanges that are mutual, responsive and contingent on the partner's previous actions. When there are two contingent play exchanges between the peers, this is coded as co-operative. There is no "script" for the play and it is generally uncomplicated, although there tends to be a common goal that both peers are working towards together.	Howes and Mattheson (2000); Parten (1932); Prizant et al. (2006).

#### **4.1.1 Structured observations of children's play states within the play sessions.**

##### **4.1.1.1 Pair A: Thomas and Harriet.**

Thomas and Harriet participated in 10 play sessions which amounted to a total duration of 2 hours 12 minutes and 10 seconds. Table 3 and Table 4 demonstrate the proportion of time that the children engaged in different play states within the total number of play sessions. For Thomas, the largest proportion of time was spent in Co-operative play. Harriet spent the largest proportion of time in Transition, followed by Co-operative play. Combining the percentage of time spent in both Associative and Co-operative play demonstrated that Thomas spent 44.87% (59 minutes 20 seconds) of the total amount of time in social play and Harriet spent 41.74% (55 minutes 10 seconds) of the total amount of time in social play. There are larger differences between Thomas and Harriet in the amount of time they spent in Solitary play, with Thomas engaging in this more than Harriet, and Onlooker behaviour, for which Harriet spent a larger proportion of her total time as an Onlooker in comparison to Thomas.

**Table 3 The time that Thomas (SLD) spent engaged in each play state for the total duration of time in the play sessions (2 hours 12 minutes 10 seconds).**

<b>Play State</b>	<b>Time spent in play state (minutes:seconds)</b>	<b>Proportion of time spent in play state</b>
Unoccupied	1	0.76%
Solitary	20:30	15.51%
Onlooker	5:50	4.41%
Parallel	3	2.27%
Associative	16:20	12.34%
Co-operative	43	32.53%
Transition	42:30	32.16%

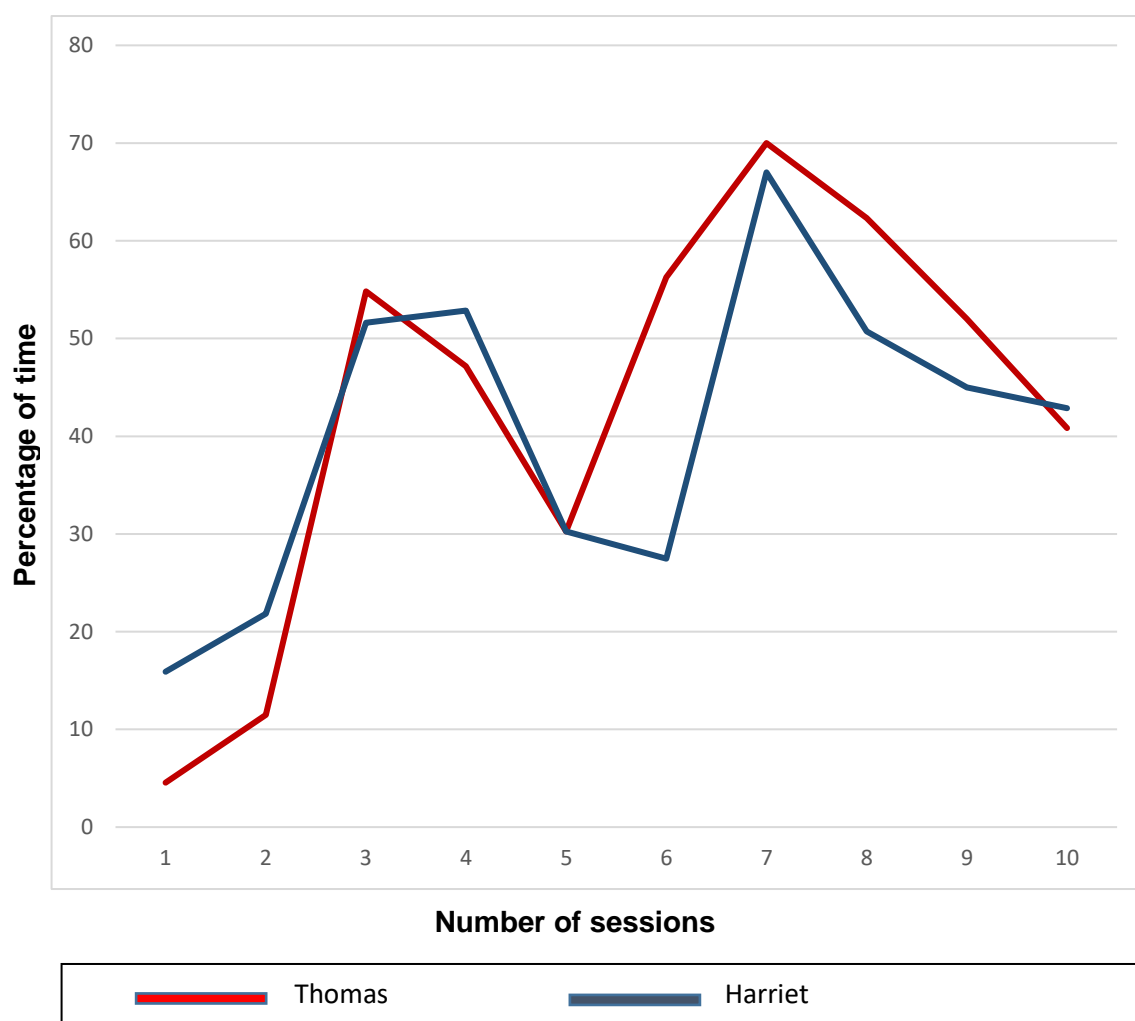
**Table 4 The time that Harriet (PMLD) spent engaged in each play state for the total duration of time in the play sessions (2 hours 12 minutes 10 seconds).**

<b>Play State</b>	<b>Time spent in play state (minutes:seconds)</b>	<b>Proportion of time spent in play state</b>
Unoccupied	6:30	4.92%
Solitary	4:40	3.53%
Onlooker	20:30	15.51%
Parallel	3	2.27%
Associative	17:50	13.49%
Co-operative	37:20	28.25%
Transition	42:20	32.03%

Furthermore, individual session analyses of the proportion of time spent in social play (Associative and Co-operative play) in particular indicated that there was a great deal of variance between the sessions, as presented in Figure 2. Thomas's engagement in social play ranged from 4.55% in Session 1, a session lasting 7 minutes 20 seconds, to 70% in Session 7, a session lasting 16 minutes 40 seconds. Similarly, Harriet also showed the lowest and highest levels of participation in social play within these sessions, engaging in social play for 15.9% of the time in Session 1, and 67% in Session 7.

Figure 2 also indicates that there is a high level of concordance between the children's social play, except for session 6 when Harriet spent 27.48% of her time in social play, and Thomas spent 56.27% of his time in social play. During session 6, Harriet communicated that she did not want to engage in a game that Thomas and Theresa were playing, by moving away from Theresa and there was therefore a period of time when Thomas and Theresa played together, whilst Harriet engaged in either Solitary play or Onlooker behaviour.

**Figure 2 The proportion (%) of time Thomas (SLD) and Harriet (PMLD) spent in social play (Associative and Co-operative) across the course of the play sessions.**



#### **4.1.1.2 Pair B: Charlotte and Emma.**

Charlotte and Emma participated in nine play sessions which amounted to a total duration of 2 hours 4 minutes 40 seconds. Table 5 and Table 6 illustrate the proportion of time that the children engaged in different play states within the total number of play sessions. Both Charlotte and Emma spent the largest proportion of their time involved in Associative play. Combining the percentage of time spent in both Associative and Co-operative play demonstrated that Charlotte spent 48.66% (1 hour, 40 seconds) of the total

amount of time in social play and Emma spent 48.13% (1 hour) of the total amount of time in social play. Both Charlotte and Emma spent the lowest proportion of their time as Onlookers and the second lowest proportion of their time being Unoccupied.

**Table 5 The time that Charlotte (SLD) spent engaged in each play state for the total duration of time in the play sessions (2 hours 4 minutes 40 seconds).**

<b>Play State</b>	<b>Time spent in play state (minutes:seconds)</b>	<b>Proportion of time spent in play state</b>
Unoccupied	3:20	2.67%
Solitary	21:30	17.25%
Onlooker	2	1.6%
Parallel	15:30	12.43%
Associative	39:30	31.68%
Co-operative	21:10	16.98%
Transition	21:40	17.38%

**Table 6 The time that Emma (PMLD) spent engaged in each play state for the total duration of time in the play sessions (2 hours 4 minutes 40 seconds).**

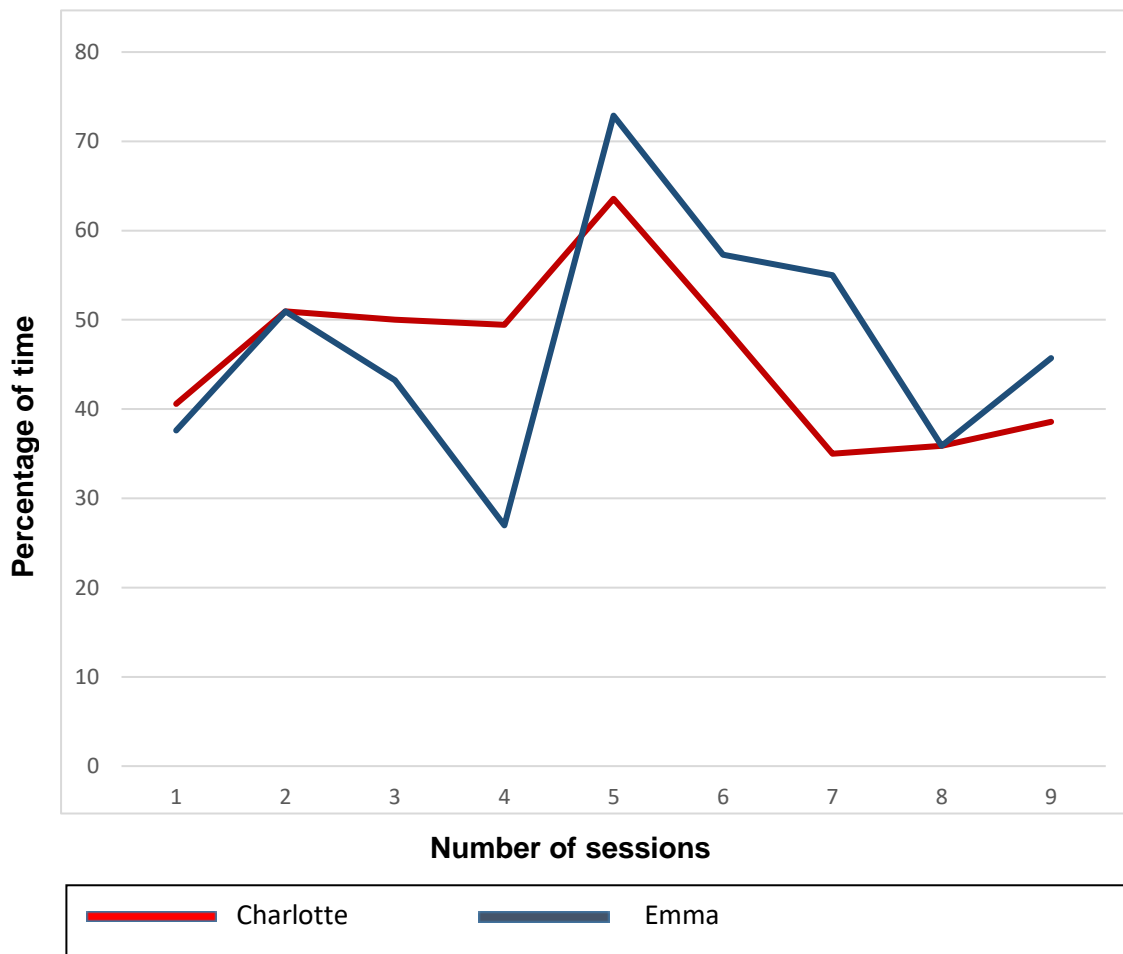
<b>Play State</b>	<b>Time spent in play state (minutes:seconds)</b>	<b>Proportion of time spent in play state</b>
Unoccupied	7:30	6.02%
Solitary	19:10	15.37%
Onlooker	5:50	4.68%
Parallel	15:30	12.43%
Associative	40:10	32.22%
Co-operative	19:50	15.91%
Transition	16:40	13.37%

Exploring the proportion of time spent in social play (Associative and Co-operative play) within each individual play session indicated, similarly to Pair A, variance across the course of the play sessions, as presented in Figure 3. For Charlotte, the proportion of time she spent in social play over the course of the sessions ranged from 35% (Session 7) to 63.56% (Session 5). This range

may be indicative of the impact of the differing lengths of time of the sessions; Session 7 was a short session of 3 minutes 20 seconds, whereas Session 5 was a longer session, lasting 19 minutes 40 seconds. Session 7 ended after a short amount of time because Charlotte asked to go back to class, therefore suggesting that her motivation to engage on this day may have also contributed to the low proportion of time spent in social play for this session. For Emma, the proportion of time she spent engaged in social play ranged from 26.97% (Session 4) to 72.88% (Session 5). Similarly, Session 8 was a shorter session lasting for 6 minutes 30 seconds, whilst Session 5 lasted for 19 minutes 40 seconds.

The line graph (Figure 3) also indicates there is a degree of concordance between the children's engagement in social play, although there are differences. These differences are seen particularly in Session 4, when Charlotte spent 49.44% in social play, and Emma spent 26.97% of her time in social play, as well as Session 7 when Charlotte spent 35% of her time in social play, and Emma spent 55% of her time in social play.

**Figure 3 The proportion (%) of time Charlotte (SLD) and Emma (PMLD) spent in social play (Associative and Co-operative) across the course of the play sessions.**



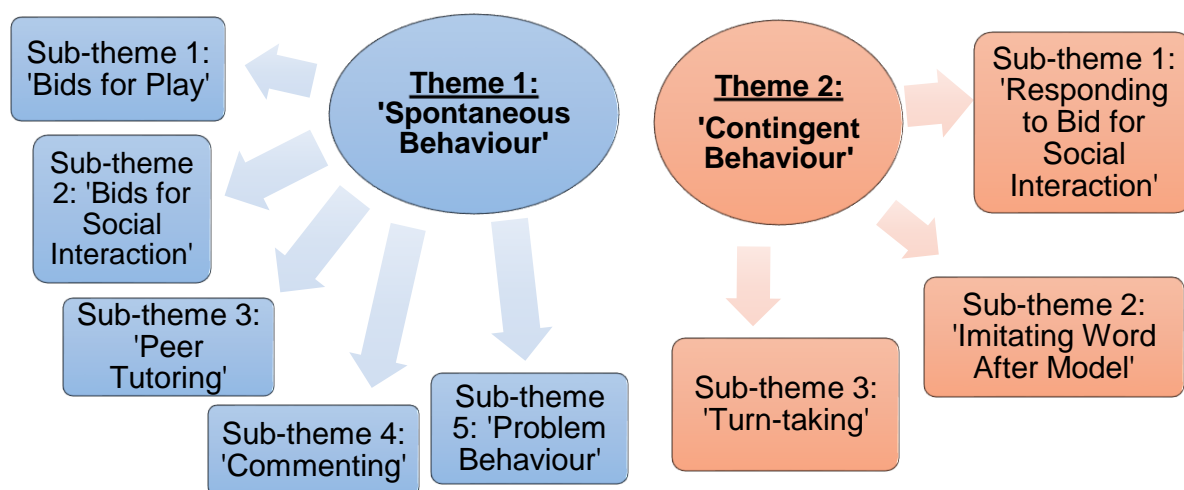
#### **4.1.2 Thematic analysis of play behaviour within social play.**

The thematic analysis of the film data identified two main themes related to play behaviour within social play for both of the pairs of children. Figure 4 presents an overview of the themes. Theme 1 is 'Spontaneous Behaviour', which describes child-initiated behaviours that occurred during social play towards a peer that is unprompted by an adult. Within Theme 1, five sub-themes were identified, which are defined in Table 7. Theme 2 is 'Contingent Behaviour', which describes play behaviour that is responsive to their peers' initiations during play, therefore promoting and maintaining social



play. Within Theme 2, three sub-themes were identified; their definitions are presented in Table 10.

**Figure 4 An overview of themes and sub-themes identified to address RQ 1.**



#### ***4.1.2.1 Theme 1: 'Spontaneous Behaviour'.***

Within Theme 1 five sub-themes were identified which all describe spontaneous peer-to-peer play behaviour within the play sessions. These sub-themes are: 'Bid for Play'; 'Bid for Social Interaction'; 'Peer Tutoring'; 'Commenting'; and 'Problem Behaviour'. These themes are all defined in Table 7 and the frequency of the presentation of these behaviours for each child were counted, which are illustrated in a bar chart for each pair (Figure 5 and Figure 6).

**Table 7 The definitions of sub-themes within Theme 1 ('Spontaneous Behaviour').**

<b>Theme 1: 'Spontaneous Behaviour'</b>	
Sub-theme 1: 'Bids for Play'	The child attempts to deliberately engage their peer in play by verbal (e.g. "let's throw the ball!") or non-verbal (e.g. directly passing them an object) means.
Sub-theme 2: 'Bids for Social Interaction'	A child initiates a bid for social interaction towards their peer, which is defined as behaviour that attracts attention, such as greeting or celebrating success, by either non-verbal (e.g. waves, tickling a peer) or verbal (e.g. 'high five!') means.
Sub-theme 3: 'Peer Tutoring'	<p>A child guides their peer verbally, or non-verbally, with the intention of either starting or maintaining play with them. This behaviour was further broken down into three specific behaviours:</p> <ol style="list-style-type: none"> <li>1) <u>Verbal direction</u>: A child gives a direct spoken command towards their peer with the expectation that the command will be followed (this is only relevant for the child who is identified as having SLD).</li> <li>2) <u>Demonstrating</u>: A child models appropriate play for their peer.</li> <li>3) <u>Physical prompt</u>: A child provides hand-over-hand support for their peer during play, or uses touch to guide them with their play (e.g. holding their hand when moving to another part of the play room).</li> </ol>
Sub-theme 4: 'Commenting'	A child directs verbal behaviour, such as the use of words or vocalisations (e.g. laughing), towards another person or object, which is discerned by proximity – moving towards their peer or object – or eye contact.
Sub-theme 5: 'Problem Behaviour'	Behaviour that is considered problematic because it is socially undesirable, harmful (e.g. hitting a peer), or interferes with play (e.g. throwing a ball in the opposite direction of a peer during a ball game) (Prizant et al., 2006).

*Pair A: Thomas and Harriet.*

Thomas was observed to display more spontaneous behaviours within the play sessions than Harriet, particularly with 'Bids for Play', 'Bids for Social Interaction', 'Commenting' and 'Peer Tutoring' behaviour (see Figure 5). In particular, Thomas made 30 spontaneous bids for play with Harriet, whereas Harriet only made four. A more in-depth analysis of these data (see Table 8) demonstrated that the majority of Thomas's bids for play with Harriet were unsuccessful with only 26.7% of his bids resulting in social play. For Harriet, half of her bids resulted in social play, although this only happened on two occasions throughout the total number of play sessions.

**Table 8 The total number of times that social play was spontaneously initiated by each child in Pair A and the outcomes of the bids for play.**

	TOTAL (%)	
Initiating social play	Thomas (SLD)	Harriet (PMLD)
Total number of bids for play (adult-prompted and spontaneous)	71	26
Total number of spontaneous bids for play	30 (42.3%)	4 (15.4%)
<i>Unsuccessful</i>	22 (73.3%)	2 (50%)
<i>Associative Play</i>	6 (20%)	-
<i>Co-operative Play</i>	2 (6.7%)	2 (50%)

In addition, Thomas made 19 bids for social interaction with Harriet over the course of the play sessions, which were often celebratory bids after they

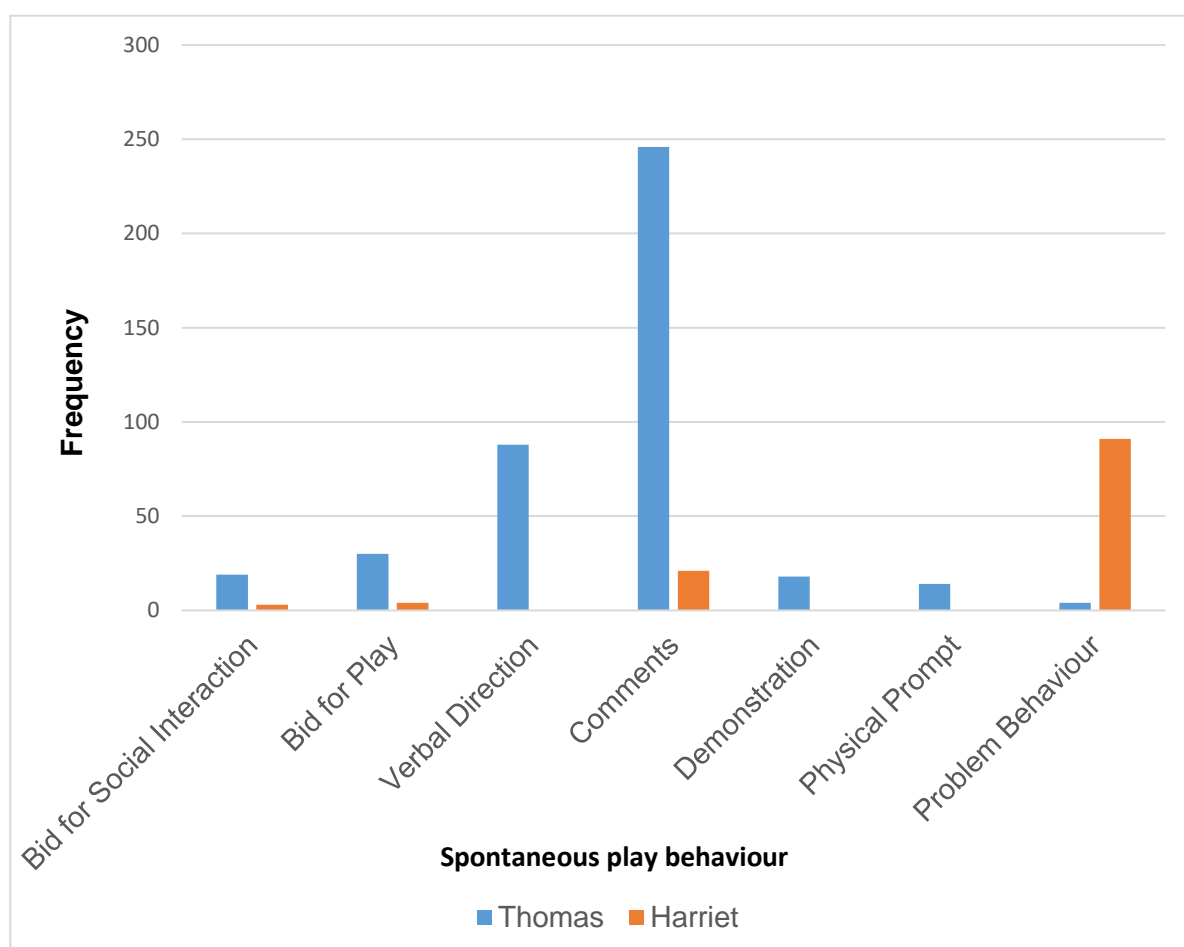
had completed an activity, such as saying, “High five, Harriet” and holding his hand up to her. In contrast, Harriet only made three bids for social interaction with Thomas, which involved looking at Thomas and saying his name. Thomas also consistently commented throughout the play sessions, sometimes telling Harriet, “I like you” and “Harriet likes it [the game].” He commented 246 times, whereas Harriet, whose comments were vocalisations or singular words/signs (“ball”), only commented 21 times in comparison.

For Harriet, the sub-theme of ‘Peer Tutoring’ was not observed, however Thomas used a range of peer tutoring behaviour to support Harriet to play with him. For instance, he gave Harriet 88 verbal directions (e.g. “throw the ball, Harriet”) and demonstrated how to play with certain objects 18 times over the play sessions. These demonstrations seemed to occur either at the start of social play or when there was a breakdown in play, such as showing Harriet how to stack soft toy donuts on a stand, after Harriet had thrown one of these toys in the opposite direction. In addition, Thomas, on 14 occasions gave Harriet physical prompts, such as holding her hands to push a ball together.

Harriet demonstrated a higher number of spontaneous behaviours that were classed as ‘Problem Behaviour’. Specifically, she engaged in this behaviour 91 times over the play sessions, whereas Thomas only engaged in this four times. For Harriet, ‘Problem Behaviour’ mostly involved throwing items, which seemed to represent a variety of different communicative functions for her. Sometimes it seemed to indicate that she had finished playing a particular game with Thomas, other times it suggested that she was unhappy with Thomas offering her physical prompts or coming too close to her, and there were times when she seemed to throw objects simply for her own enjoyment.

Whereas Thomas uses language to express that he has finished playing, or shows that he is finished playing by walking away, for example, Harriet demonstrates this in an unconventional way that presents as being socially undesirable.

**Figure 5 The frequency of observed spontaneous behaviours as part of Theme 1 for Thomas (SLD) and Harriet (PMLD) over the total number of play sessions.**



*Pair B: Charlotte and Emma.*

Charlotte was observed to engage in more spontaneous behaviour, in comparison to Emma over the duration of the play sessions (see Figure 6), particularly making more ‘Bids for Play’, ‘Bids for Social Interaction’, and

showing more 'Peer Tutoring' behaviour. In particular, Charlotte initiated play with Emma 43 times, in comparison to Emma, who initiated play 32 times. Analysis of these data demonstrated that, similar to Thomas, the majority of Charlotte's bids for play were unsuccessful, with 30.2% of her bids resulting in social play with Emma (see Table 9). Emma's bids, however, were more successful with a higher proportion of her bids resulting in social play with Charlotte (56.2%) and 43.8% of her bids being unsuccessful.

**Table 9 The total number of times that social play was spontaneously initiated by each child in Pair B and the outcomes of the bids for play.**

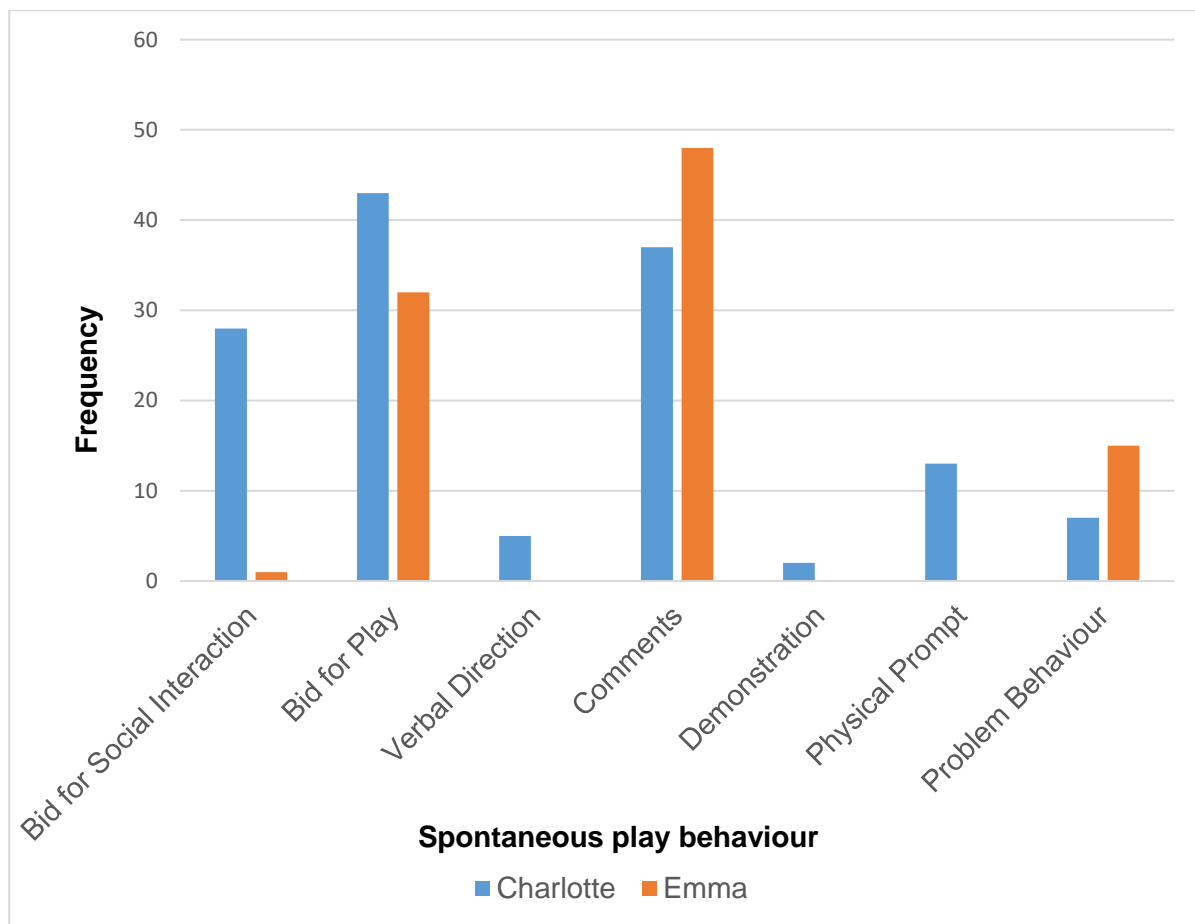
	TOTAL (%)	
Initiating social play	Charlotte (SLD)	Emma (PMLD)
Total number of bids for play (adult-prompted and spontaneous)	92	33
Total number of spontaneous bids for play	43 (46.7%)	32 (97%)
<i>Unsuccessful</i>	30 (69.8%)	14 (43.8%)
<i>Associative Play</i>	10 (23.2%)	14 (43.8%)
<i>Co-operative Play</i>	3 (7%)	4 (12.4%)

Charlotte initiated 28 bids for social interaction, for which she would often reach out and tickle Emma, whereas Emma only made one bid for social interaction with Charlotte. Similarly to Pair A, the peer tutoring behaviours were not observed for Emma, whereas Charlotte engaged in all three of these behaviours. Charlotte verbally directed Emma on five occasions, (e.g. "Emma,

come”) offered two demonstrations of play behaviour (e.g. rolling a ball), and physically prompted Emma 13 times, such as by tapping Emma’s leg and gently moving her leg in the direction of the toys, and sitting behind Emma and holding her whilst she rolled a ball.

Emma, however, surpassed Charlotte’s comments over the total of the play sessions and commented 48 times, in comparison to Charlotte, who commented 37 times. Emma’s comments were vocalisations, such as laughter or high pitched screams to punctuate a certain action or movement that Charlotte was repeating, whereas Charlotte used mostly language to comment during play with Emma. In addition, Emma was observed to display more ‘problem behaviour’ than Charlotte. Emma showed this behaviour on 15 occasions and Charlotte only showed this seven times. Charlotte enjoyed movement and making loud crashing noises during play and sometimes, Emma tried to join in with this. Yet instead of throwing a hard toy on the floor to make a ‘crash’ as Charlotte did, she would throw the toy towards Charlotte, which would interfere with the flow of play and cause the TA to intervene. Charlotte’s ‘Problem Behaviour’ was observed when she was behaving in a way that was too physically demanding for Emma, such as throwing a big ball at Emma in quick succession, or when she moved toys away from Emma, when Emma was sharing them with Charlotte, thus interfering with the flow of play.

**Figure 6 The frequency of observed spontaneous behaviours as part of Theme 1 for Charlotte (SLD) and Emma (PMLD) over the total number of play sessions.**



#### **4.1.2.2 Theme 2: 'Contingent Behaviour'.**

Within Theme 2 three sub-themes were identified which all describe behaviour where a peer has responded to their partners' initiations, therefore promoting reciprocal and shared experiences. These sub-themes are: 'Responded to Bid for Social Interaction'; 'Imitated Word After Model'; and 'Turn-taking'. These sub-themes are defined in Table 10. As for Theme 1, the frequency of the presentation of the sub-themes of Theme 2 for each child were counted, which are illustrated in a bar chart for each pair (see Figure 7 and Figure 8).



**Table 10 The definitions of sub-themes within Theme 2 ('Contingent Behaviour').**

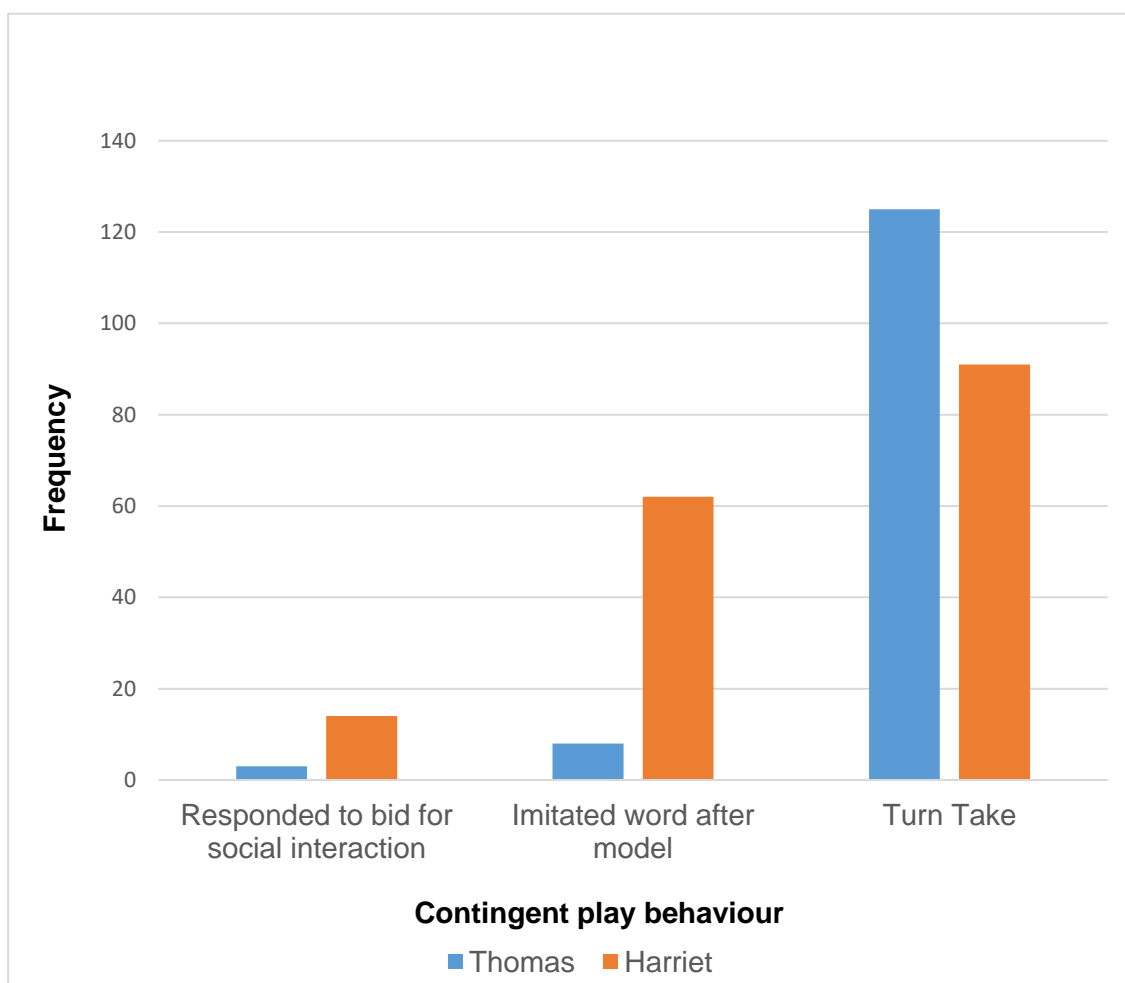
<b>Theme 2: 'Contingent Behaviour'</b>	
Sub-theme 1: 'Responded to Bids for Social Interaction'	A child responds to their peers' bid for social interaction (e.g. a behaviour that attracts attention, such as greeting or celebrating success – 'high five', tickling a peer) by non-verbal (e.g. waves) or verbal (e.g. laughs) means.
Sub-theme 2: 'Imitated Word After Model'	Child imitates or closely approximates a familiar word immediately after their peer models a word (e.g. "say ball").
Sub-theme 3: 'Turn-taking'	The child directs non-verbal (e.g. throwing a ball, pointing, gesturing) or verbal behaviour as a turn that is relevant to and contingent to the play sequence so that one child's behaviour follows another. This behaviour maintains a play exchange between the children.

*Pair A: Thomas and Harriet.*

The data displayed in Figure 7 indicate that Harriet registered more contingent behaviours than Thomas in two of the three behaviours, specifically 'Responded to Bids for Social Interaction' and 'Imitated Word After Model'. These data are in contrast with the spontaneous behaviours, which showed Thomas initiating spontaneous play behaviour more than Harriet. Harriet responded to Thomas's bids for social interaction 14 times, in comparison to Thomas who only responded to Harriet three times. It should be noted, however, that Harriet only made three bids for social interaction (see Figure 5) and therefore, Thomas responded to all of Harriet's bids for social interaction.

Harriet also imitated words after a model 62 times, which was encouraged within these sessions by the TA, which Thomas started to spontaneously encourage (e.g. “do you want the ball, Harriet?”). These data also suggest that Harriet was responsive to Thomas without the support from an adult. In addition, both children had high rates of turn-taking, which indicate that, for some of the time spent together, children were engaged in unsupported play together.

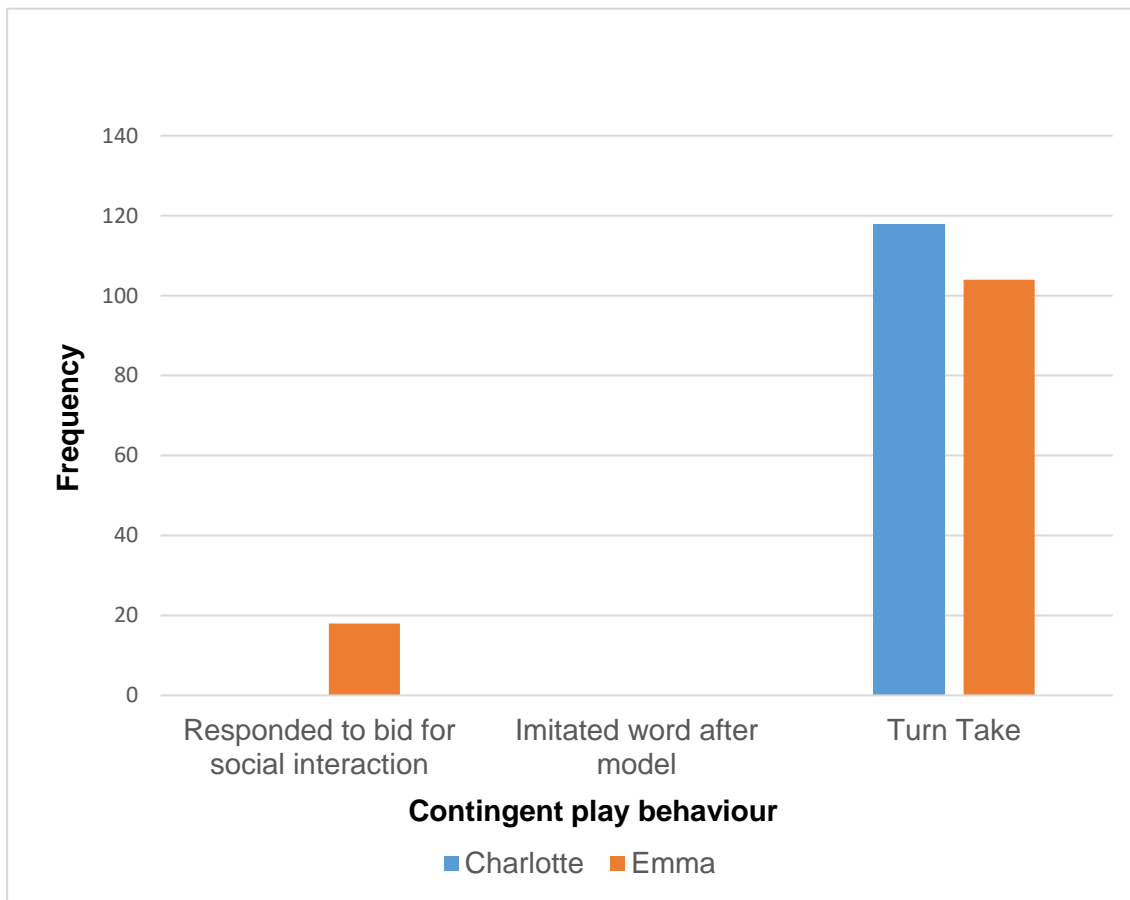
**Figure 7 The frequency of observed contingent behaviours as part of Theme 2 for Thomas (SLD) and Harriet (PMLD) over the total number of play sessions.**



*Pair B: Charlotte and Emma.*

Mirroring the data from Pair A, the data displayed in Figure 8 indicate that Emma responded to more bids for social interaction than Charlotte did, responding to 18 of Charlotte's bids, compared to 0 responses from Charlotte. Emma showed that she was responding to Charlotte by laughing and vocalising, while looking and sometimes moving and reaching towards her. As for Pair A, both children engaged in many turn-taking exchanges within the play, such as passing objects to one another to build a 'Mr Potato Head', for example. For Emma and Charlotte, however, imitating a word after a model was not observed, which perhaps reflects Emma's stage of language development, as she does not use spoken language.

**Figure 8 The frequency of observed contingent behaviours as part of Theme 2 for Charlotte (SLD) and Emma (PMLD) over the total number of play sessions.**



#### **4.1.3 Summary of data relating to RQ 1.**

In relation to RQ 1, the nature of social play was analysed by using Parten's (1932) taxonomy of social play to identify the proportion of time that the children spent in different play states within the total number of play sessions. Specifically, all of the children spent just under half of their total time spent in either Associative or Co-operative play. Both pairs demonstrated variation in the proportion of time spent in Associative or Co-operative play from session-to-session.

The qualitative, in-depth thematic analysis of the nature of social play generated two main themes from the observational data: 'Spontaneous

Behaviour' and 'Contingent Behaviour'. Within each of these themes specific behaviours emerged which were categorised into sub-themes. For Charlotte and Thomas – the children identified as having SLD – they were observed to engage in more instances of behaviour within the theme of 'Spontaneous Behaviour', such as making more 'Bids for Play', 'Bids for Social Interaction' and 'Peer Tutoring' behaviours. Harriet and Emma – the children identified as having PMLD – demonstrated higher numbers of 'Spontaneous Behaviour' that were more likely to interfere with the flow of play ('Problem Behaviour').

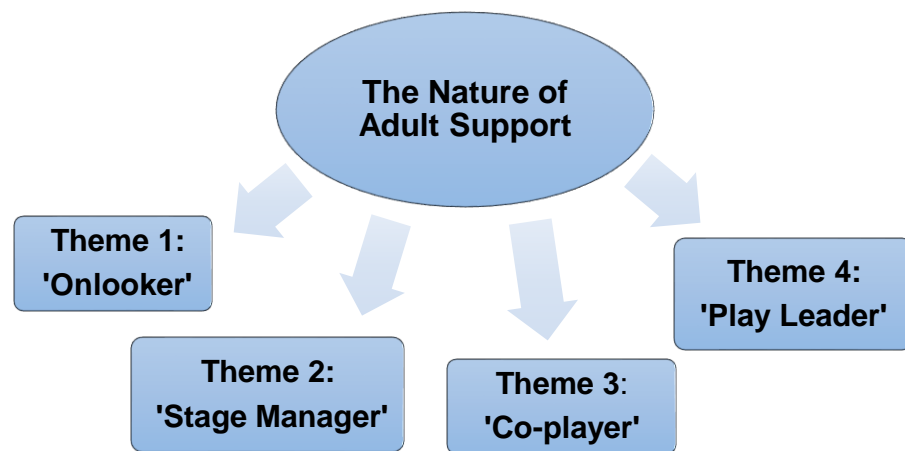
Furthermore, Harriet and Emma both demonstrated motivation to respond to their peers within the theme of 'Contingent Behaviour'. 'Imitating Word After Model' was mostly relevant to Harriet, who often signed or repeated Thomas's words in the play sessions. All children who participated in the play sessions experienced a high number of taking turns with their peer.

## 4.2 Analysis of data to address RQ 2

Research Question 2: What is the nature of the adult support during the structured play sessions?

First, the observational data of the play sessions were thematically analysed. Four themes within the data were identified and mapped onto Tarman and Tarman's (2011) adult facilitator roles: 'Onlooker', 'Stage Manager', 'Co-player' and 'Play leader'. Each theme is presented in Figure 9 and described separately below. Examples from across the data set are used to illustrate each facilitative style. In particular, each theme makes reference to one narrative vignette for each pair of children, which are presented in Table 11 (Harriet and Thomas) and Table 12 (Emma and Charlotte). These vignettes were chosen because they portray a range of facilitative roles that adults were observed to adopt, in addition to the dynamic and changing nature of the roles. Second, the frequency of the adult prompts to begin social play between the children and the outcome of the prompt (unsuccessful, associative play, co-operative play) are then presented.

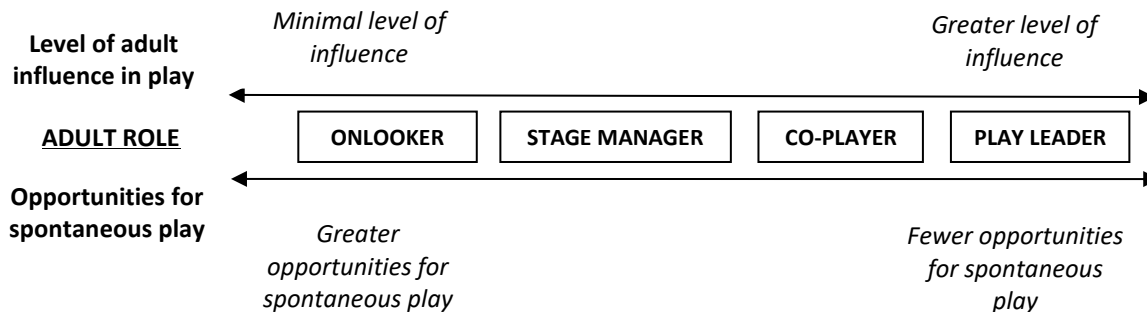
**Figure 9 An overview of themes and sub-themes identified to address RQ 2.**



#### **4.2.1 Themes of the adult role within the play sessions.**

The four facilitator roles represent a continuum of the level of influence that the adult has over the play, beginning with the least level of influence ('Onlooker') and ending with the role that has the strongest influence over play ('Play Leader'). Figure 10 demonstrates the relationship between the children's opportunities to engage in spontaneous social play together and the level of influence that the adult has over the social play. This figure is referred to throughout the discussion of the themes of the adults' role in play.

**Figure 10 A continuum of facilitator roles displaying the relationship between the adults' levels of influence and the opportunities children have to spontaneously initiate and maintain play.**



#### **4.2.1.1 Theme 1: 'Onlooker'.**

The onlooker role describes when the adult observes the children's play and offers spoken commentary, as well as non-verbal signs, such as smiling and nodding whilst the children play. This role is the least participatory style that the adults were observed to adopt. Applying an onlooker stance was an important facilitative style within the play sessions for the current study. Rather than this style being a 'passive' stance, the adults often used this proactively to create time and space for children to initiate, explore and develop independent play. The onlooker role demonstrated minimal levels of influence during play, therefore providing children with opportunities to spontaneously initiate play and maintain play independently.

Being an onlooker occurred for brief and subtle moments, such as waiting for a child to take a turn or waiting for a child to make an initiation for play, as well as longer periods of time, particularly when the children were playing successfully together. For instance, in Session 5, Theresia initially suggested to Thomas that he plays with the donuts with Harriet, which Thomas responds to, but then Thomas demonstrated his competency in engaging



Harriet by moving closer to her, spontaneously setting up the materials and modelling how to play with the donuts. At this point little adult facilitation was needed and over a 40 second period, Theresia gives gentle encouragement by simply nodding once, smiling once and commenting “good girl” as Harriet takes her last turn.

For Thomas and Harriet, therefore, this facilitative style was important to allow them to experience a shared and reciprocal play sequence without the guidance of an adult, as well as for Thomas to take a lead role within this dynamic. For Charlotte and Emma, the onlooker role also generated freedom and space for the children to co-create enjoyable shared experiences that are spontaneously and incidentally generated. An example of this was observed in Session 2, when Emma laughs in response to Charlotte’s solitary play actions, which then develops into Associative play, as Charlotte repeats her actions and waits for Emma’s response.

Providing comments appeared to be a key characteristic of the onlooker role, and although these comments did not involve directing the children or offering suggestions, comments could still have the effect of supporting play between peers. For instance, in Table 11, Theresia is observing Thomas when Harriet puts her arms up and vocalises, to which Theresia comments; “Harriet wants to play” (11:25 – 11:40). Here, Theresia assigned meaning to Harriet’s behaviour, potentially supporting Thomas to read and understand the subtleties of her behaviour that he may otherwise have missed. This type of commenting on the child’s behaviour – particularly on the behaviour of the child who is identified as having PMLD – was also observed within Emma and Charlotte’s sessions. For example, Liz commented, “Emma went to put that in there”

(Session 8) as Charlotte moved a toy beyond Emma's reach at the same time that Emma reached out to put a wooden object in the toy. By commenting on a child's behaviour, this may act as a voice for children who do not express themselves in conventional ways, as well as providing guidance for children who may have difficulties with understanding the behaviour of their peers.

#### **4.2.1.2 Theme 2: 'Stage Manager'.**

A stage manager sets the stage for successful social play by providing suggestions and assistance to the children in order to enhance their play, as well as organising the play materials and props. The narrative accounts in Table 11 and Table 12 demonstrate how the adults played a key role in organising the materials for the children, for instance when Theresia moves the blocks into Harriet's reach (Table 11, 12:01 – 12:29) and Liz builds the bricks so that they can be knocked down (Table 12, 5:30 – 5:59). Sometimes, organising the play materials was combined with specific verbal suggestions which provided direction to the play, such as asking: "who's going to throw it [the ball] then?" (Table 12, 5:30 – 5:59) or by including detail about the roles that everyone might adopt: "How about I stack them [bricks] up and you and Emma have to knock them all down?" (Table 12, 5:30 – 5:59) and "Can you build the blocks up, Thomas, so Harriet can knock them down?" (Table 11, 11:41 – 12:00). These suggestions seemed to be directed more towards the children who are identified as having SLD (Charlotte and Thomas), potentially because adults perceived those children to be the 'more able other' who were perhaps more likely to take the lead in play.

Furthermore, the adults were flexible during the play sessions by allowing children not to follow their suggestions, therefore continuing to have low levels of influence over the play. For example, within Table 12, the narrative describes how Liz's suggestion for Emma and Charlotte to knock the bricks down was initially played out, yet when Liz suggested to Charlotte that she continue with this game by taking the lead and rebuilding the bricks, the social play ceased and each child then engaged in solitary play (Table 12, 6:31 – 6:59). In respecting the children's choice not to engage in her suggestion, Liz then employed the stage manager role again to suggest a different game, which resulted in co-operative play.

Similarly, the narrative account in Table 11, demonstrates Theresia's flexibility as a stage manager. Theresia first suggested to Harriet that it is "Harriet's turn" to put a block on the tower, however Harriet pushed the tower down instead (12:41 – 12:45/12:46 – 12:55). Theresia repeated her suggestion and provided some additional visual support to augment Harriet's understanding – pushing a block towards her – to which Harriet responded by putting the block on top of the stack, thus becoming a successful contributor to the social play. Therefore, part of the stage manager role for Theresia and Liz was to recognise when to modify their suggestions, by moving on to new ideas or by adapting existing suggestions.

#### **4.2.1.3 Theme 3: 'Co-player'.**

A co-player role describes when an adult becomes a participant in the play, therefore becoming a child's play partner and a role model within the game. In the narrative account in Table 11 (12:30 – 12:40), Theresia and

Thomas become co-players, with Theresia shifting between a stage-manager and co-player to maintain the flow of play after Harriet disrupts the game by pushing the blocks over. The combination of Theresia returning the play materials as they were, offering a turn for Harriet (stage manager), and increasing her own involvement to that of Thomas's co-player to model the game, enabled Harriet to join the play in a positive way.

In addition, there were occasions when Theresia became a co-player on the spur of the moment (e.g. Session 6 and 8). For example, Harriet enjoyed throwing objects into space which, depending on the context of the game, may be defined as a 'Problem Behaviour' as it is both socially undesirable and can impact the reciprocal nature of the game. Sometimes Harriet aimed to throw a ball at Thomas and a co-operative game developed between them, but other times she threw the ball away from Thomas, thus disrupting the flow of a game. Occasionally, Theresia caught the ball as Harriet threw it away from Thomas, saying, "my ball!" or "my turn!", therefore interpreting and presenting Harriet's behaviour as being deliberate and part of the game, which maintained the fun nature and pace of play. For Harriet and Thomas, Theresia's choice to quickly develop her role as co-player served an important function to maintain and repair play when there was a conflict of expectations between the children.

Similarly, Liz fostered cooperative play during a game with a big ball that was too physically demanding and fast paced for Emma, by increasing her level of participation so that she became a co-player. As Table 12 (7:41 – 8:20) describes, by positioning herself behind Emma, Liz was able to work together with her to receive the ball in a safe way. Liz supported Emma to push it back to

Charlotte in the right direction, therefore supporting Emma's active contribution within social play and maintaining play between the children.

The adults also used the co-player role to support the emergence of social play between the children. The two narrative vignettes demonstrate how both Theresia and Liz assigned a role to themselves when they suggested a new game, such as when Theresia told Thomas that she will build the blocks with him (Table 11, 12:01 – 12:29) and Liz suggests that she will build the bricks for Charlotte and Emma to knock down (Table 12, 5:30 – 5:59). When the adult increased their levels of participation they provided a greater level of guidance by modelling the way to start and maintain social play. This role also afforded the adult a greater level of influence over the pace and nature of the game, which although it can reduce the opportunities for children to spontaneously experience social play together (see Figure 10), it does allow them to accommodate children's interests and judge children's readiness to maintain games with less adult involvement. There is, however, a challenge in achieving the right balance of providing support through a greater level of participation whilst also giving the children opportunities to experience independent social play. An example of this is presented in Table 12 (6:31 – 6:59) where, in Charlotte and Emma's case, Liz may have withdrawn her involvement in the game too soon, as social play dwindles when the adult suggests that Charlotte takes the lead role.

#### ***4.2.1.4 Theme 4: 'Play Leader'.***

The play leader role describes a facilitative style that is more directive in nature and involves giving the children explicit instructions and guidance.

Whereas the stage manager role shows adults being flexible, allowing children to follow their suggestions or do something different, the play leader role demonstrates how adult directions were given with the expectation that they are acted upon. This role therefore has a high level of influence over children's play, showing less options and choice for the children, therefore reducing the opportunities for spontaneous social play that can be initiated by children (see Figure 10).

This behaviour was observed mostly when boundaries required implementing, such as when Charlotte was reminded to play "gently" with Emma when she passed her the big ball (Table 12, 7:41 – 8:20), and to manage conflict between the children, such as when Thomas tried to take the block away from Harriet when she was taking a turn (Table 11, 13:01 – 13:30). Furthermore, the play leader role was sometimes used with great skill where the adults' involvement would be fleeting but purposeful. Theresia, for example, facilitated the start of social play with Thomas, when she provided short bursts of instructions and directions when Thomas did not respond to her initial suggestions (Table 11, 12:01 – 12:29). These directions seemed to have the intent of triggering play between the children and when play occurs between herself and Thomas, Theresia moves into a role with less participation and influence, that of a co-player or stage manager (Table 11, 12:41 – 12:45).

**Table 11 A narrative account of 2 minutes 5 seconds of Harriet and Thomas's play experiences within Session 7, detailing the time of the narrative, the adult's role, and the play states of each child.**

<b>Approx Time (mins:secs)</b>	<b>Narrative (<i>with adult role</i>)</b>	<b>Harriet (PMLD)</b>	<b>Thomas (SLD)</b>
11:25 – 11:40	Thomas is standing up and begins to play with a ball on his own, trying to balance it on his shoulders and hands. Both Harriet and Theresia sit beside him and watch ( <i>Onlooker</i> ). The ball falls to the ground towards Harriet, who reaches her hands out and up. Theresia says: "Harriet wants to play" ( <i>Onlooker</i> ). Thomas kicks the ball into space beside Harriet and ...	Onlooker	Solitary play
11:41 – 12:00	...Theresia redirects the ball towards Harriet ( <i>Stage manager</i> ), saying "Kick it, Harriet, use your feet" ( <i>Play leader</i> ). Harriet reaches towards the ball and as she does so Thomas demonstrates a kick in front of her, saying "ha, ya!" Theresia comments, "careful, Thomas" ( <i>Play leader</i> ). Harriet picks the ball up and throws it in the corner of the room – away from Thomas – and repeats this process until the ball is out of sight. Theresia says "oh! Right, shall we play with the blocks? Can you build the blocks up, Thomas, so Harriet can knock them down?" ( <i>Stage manager</i> ).	Transition	Transition
12:01 – 12:29	Thomas, does not respond, and walks to the corner of the room, looking in some drawers with his back to Theresia and Harriet. Theresia reaches for the blocks and says, "look, what about these?" ( <i>Stage manager</i> ), but Thomas continues to look in the drawers. Theresia pulls the blocks into the middle of the room ( <i>Stage manager</i> ), in front of Harriet, and says again, "look, Thomas, turn around, you're not playing with them [the item in the drawer], you can play with them later, build these with me, I'll do one and then you can do one" ( <i>Play leader</i> ).	Onlooker	Solitary play

12:30 – 12:40	Thomas says “ok” and hugs Theresia. They sit opposite Harriet with the blocks between them. Theresia says, “ready” and puts a block on top of another ( <i>Co-player</i> ). Harriet picks the blocks up and throws them, whilst Theresia says, “uh oh, Harriet” ( <i>Onlooker</i> ). Theresia picks them up again, moving them back to the way they were ( <i>Stage manager</i> ).	Transition	Transition
12:41 – 12:45	Thomas puts another block on top whilst Theresia holds the blocks in place ( <i>Co-player</i> ) and then suggests, “Harriet’s turn?” ( <i>Stage manager</i> ).	Onlooker	Co-operative play
12:46 – 12:55	Harriet again pushes the blocks over and Thomas tells her, “Harriet, stop.” Theresia quickly rebuilds the blocks as they were ( <i>Stage manager</i> ).	Transition	Transition
12:56 – 13:00	Thomas puts another block on top of the tower. Theresia pushes a block towards Harriet and asks, “can Harriet put one on?” ( <i>Stage manager</i> ).	Onlooker	Co-operative play
13:01 – 13:30	Harriet picks up the block and moves to put it on top of the tower, but Thomas intervenes, trying to take the block away from her; they both hold onto the block. Theresia says, “Thomas, it’s Harriet’s turn, let Harriet have a go” ( <i>Play leader</i> ). Thomas listens to Theresia’s instruction and Harriet puts the final block on the tower as Theresia says, “good girl, Harriet!” ( <i>Onlooker</i> ). Theresia asks, “who’s going to knock it down?” ( <i>Stage manager</i> ). Thomas moves behind Theresia chanting “Harriet, Harriet, Harriet!” and jumps up and down. Theresia squeals and pretends to shield herself as Harriet pushes the blocks down ( <i>Onlooker/co-player</i> ).	Co-operative play	Co-operative play



**Table 12 A narrative account of 2 minutes 50 seconds of Emma and Charlotte's play experiences within Session 5, detailing the time of the narrative, the adult's role, and the play states of each child.**

<b>Approx Time (mins:secs)</b>	<b>Narrative (<i>with adult role</i>)</b>	<b>Emma (PMLD)</b>	<b>Charlotte (SLD)</b>
5:30 – 5:59	Liz suggests, "How about I stack them [bricks] up and you and Emma have to knock them all down?" ( <i>Stage manager</i> ) Charlotte nods and helps Emma to turn around by moving her gently, sitting her slightly in front, whilst Liz builds the bricks ( <i>Stage manager/Co-player</i> ). Emma tries to move away, but Charlotte holds on to her and Liz tells her, "if she wants to go, Charlotte, let her go" ( <i>Play leader</i> ). Emma turns to face Charlotte and they smile at each other. After Liz has built the bricks she asks, "who's going to throw it [the ball] then?" ( <i>Stage manager</i> ) and "let's have those, Emma" as she takes the objects that Emma is holding out of her hands so that she can hold the ball ( <i>Play leader</i> ).	Transition	Transition
6:00 – 6:30	Emma is given the ball ( <i>Stage manager</i> ) as Liz points to the bricks and says, "we're going to knock them down! ( <i>Play Leader</i> ) Ready...Steady... you might have to help her Charlotte ( <i>Stage manager</i> ) ... Go!" Charlotte and Emma push the ball together and knock down the bricks; Liz cheers ( <i>onlooker</i> ). Liz asks, "Is it your turn now, Charlotte?" as she rebuilds the bricks ( <i>Stage manager</i> ). Charlotte picks up the ball and rolls it to knock down the bricks. They all cheer again and Liz says, "well done!" ( <i>Onlooker</i> ).	Co-operative play	Co-operative play
6:31 – 6:59	Liz suggests, "Now, how about you build them up for Emma to knock down?" as she pushes the bricks towards Charlotte ( <i>Stage manager</i> ). Charlotte pushes the bricks to Emma and then picks up the ball and throws it. Liz asks, "are you going to get Emma to build the bricks?" ( <i>Stage manager</i> ).	Transition	Transition

7:00 – 7:20	Charlotte starts to build the bricks whilst Emma knocks two bricks together. The bricks fall down; Liz says “oh!” ( <i>Onlooker</i> ) and Charlotte pushes the bricks away from her.	Solitary play	Solitary play
7:21 – 7:40	Liz asks, “shall we roll the ball to each other? The big ball?” ( <i>Stage manager</i> ) to which Charlotte responds, “yes” and starts to help Emma to turn around. Liz tells Charlotte, “you go back there then Charlotte, go back, right back” ( <i>Play leader</i> ).	Transition	Transition
7:41 – 8:20	Liz passes the ball to Emma and says, as she helps her to roll it, “Roll it, Emma!” ( <i>Play leader</i> ). Emma laughs and pushes her arms out. Charlotte reciprocates and the ball is passed six times between them as Liz says, “oh!” each time the ball is rolled ( <i>Onlooker</i> ). On the 6 <sup>th</sup> turn, Charlotte pushes the ball too hard for Emma to respond to and it knocks her off balance. Liz reminds Charlotte, “gently, Charlotte” ( <i>Play leader</i> ) and positions herself behind Emma. Charlotte and Emma continue to pass the ball between them and Liz becomes a physical support for Emma, catching the ball when it comes too fast for her and helping Emma to throw it back ( <i>Co-player</i> ), saying “Emma, push!” ( <i>Play leader</i> ).	Co-operative play	Co-operative play

#### **4.2.2 Adult prompts to initiate children’s social play.**

##### **4.2.2.1 Pair A: Thomas and Harriet.**

Over the course of Pair A’s play sessions (10 play sessions), Thomas made 71 bids for play with Harriet. Just over half of Thomas’s bids were adult-prompted, whereas for Harriet a higher proportion of her bids were adult-prompted (see Table 13). The most likely outcome of the adult-prompted bids for play for both Thomas and Harriet was ‘unsuccessful’. This meant that for Harriet, 36.4% of her prompted bids resulted in either Associative or Co-

operative play and for Thomas, 34.2% of his prompted bids resulted in social play.

**Table 13 The total number of times that social play was initiated through adult-prompts and the outcomes of each initiation for Pair A.**

	TOTAL (%)	
Initiating social play	Thomas (SLD)	Harriet (PMLD)
Total number of bids for play (adult-prompted and spontaneous)	71	26
Total number of adult-prompted bids for play	41 (57.8%)	22 (84.6%)
<i>Unsuccessful</i>	27 (65.8%)	14 (63.6%)
<i>Associative Play</i>	4 (9.8%)	6 (27.3%)
<i>Co-operative Play</i>	10 (24.4%)	2 (9.1%)

#### **4.2.2.2 Pair B: Charlotte and Emma.**

For Pair B, Charlotte and Emma, over the total number of play sessions (nine play sessions) Charlotte made 92 bids for play with Emma, whereas Emma only made 33 bids (see Table 14). For Emma, only two (6.1%) of her bids for play were adult-prompted, with only one bid resulting in social play. Yet for Charlotte, over half (53.3%) of her bids for play were prompted by the adult facilitator, with the majority of these being unsuccessful and 40.8% resulting in social play with Emma.

**Table 14 The total number of times that social play was initiated through adult-prompts and the outcomes of each initiation for Pair B.**

	TOTAL (%)	
Initiating social play	Charlotte (SLD)	Emma (PMLD)
Total number of bids for play (adult-prompted and spontaneous)	92	33
Total number of adult-prompted bids for play	49 (53.3%)	2 (6.1%)
<i>Unsuccessful</i>	29 (59.2%)	1 (50%)
<i>Associative Play</i>	15 (30.6%)	1 (50%)
<i>Co-operative Play</i>	5 (10.2%)	-

#### 4.2.3 Summary of data relating to RQ 2

In response to RQ 2, the observational data was analysed thematically, using Tarman and Tarman's (2011) theoretical framework to identify four themes that detail the nature of adult support within the structured play sessions. The four themes that were identified were: 'Onlooker', 'Stage Manager', 'Co-player' and 'Play Leader'. Each theme describes a style of adult support, with each style having differing degrees of influence over the play. The 'Onlooker' is described to have the least influence over children's play and enabled the children to lead the play themselves, therefore creating more opportunities for spontaneous social play. Next, is the 'Stage Manager' whereby the adults offered suggestions and assistance to the players, therefore providing more structure than the 'Onlooker', but also allowing the children to

decide what suggestions they did or did not follow. The 'Co-player' provided even more structure and enabled the adult to influence the game as a participant alongside the children. Finally, the role of a 'Play Leader' was described to have the most influence and consequently provides the least opportunities for spontaneous social play and choice for the children. Both TAs used these roles interchangeably in a fluid and dynamic way, by responding to the children's needs and motivations at a particular point in time.

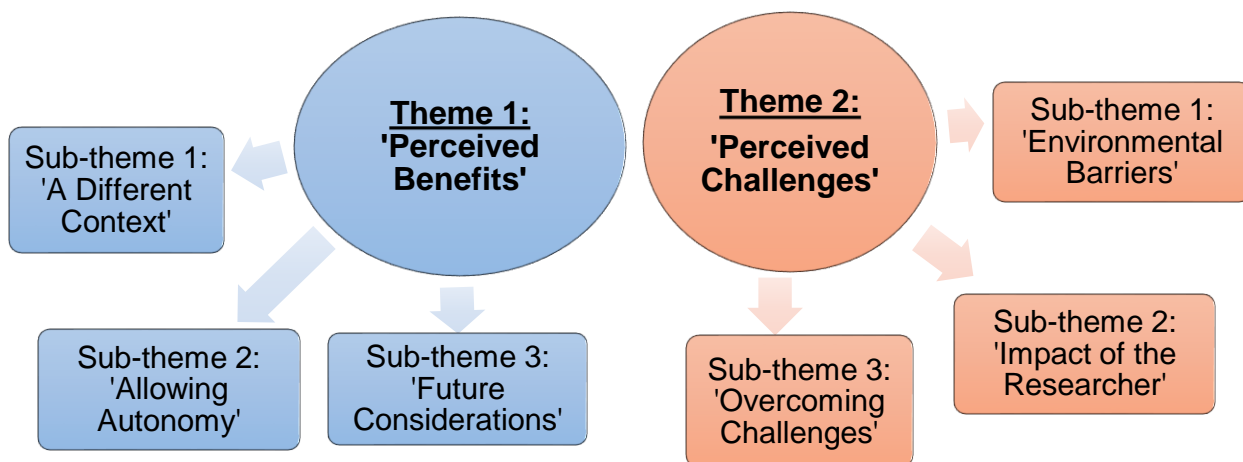
More specifically, across these themes of adult facilitator roles, the adults attempted to support the children to initiate play with one another. The effectiveness of the adults' support in these specific instances was analysed by assessing the outcome of the prompts that they gave the children to support them to initiate social play. For Thomas, Harriet, and Charlotte the majority of adult-prompted bids were unsuccessful, with 65.8%, 63.6% and 59.2% respectively of the adult-prompts not resulting in social play. Emma was only prompted twice throughout all of the play sessions that she participated in and therefore the proportion of unsuccessful play bids for the adult-prompted play bids for her were slightly lower, at 50%.

### 4.3 Analysis of data relating to RQ 3

Research Question 3: What are the adults' perceptions about the benefits and challenges of the play sessions, and how might their experiences impact on future practice?

Data were collected to address RQ 3 through a paired semi-structured interview that was conducted with both of the TAs who facilitated the play sessions. Thematic analysis identified two main themes within the data which are presented in Figure 11. The themes and sub-themes are individually described and illustrated with quotations directly from the interviews to provide evidence for each theme.

**Figure 11 An overview of themes and sub-themes identified to address RQ 3.**



#### 4.3.1 Theme 1: 'Perceived Benefits'.

This theme explored the perceived benefits of providing the two pairs of children with play sessions. The perceived benefits were particularly related to providing the children with a different context (Sub-theme 1), providing the

children with space and time to be autonomous (Sub-theme 2) and how this experience has encouraged the TAs to reflect on future practice (Sub-theme 3).

#### ***4.3.1.1 Sub-theme 1: 'A Different Context'.***

Sub-theme 1 describes how the TAs emphasised how two children in particular – Charlotte and Harriet – benefitted from experiencing a different context to their classrooms (see Table 15). Certain individual behaviours seemed to be enhanced within the play sessions that were not typically observed within the classroom. For Charlotte, the TAs felt that pairing her with Emma, a younger child, had encouraged her to respond more appropriately to actions that she would usually find hard to tolerate within the classroom. For Harriet, it was suggested that an environment where she received more focused support was important for her contribution in the play sessions and to demonstrate skills that were not often seen in the classroom. Within this discussion, the TAs highlight the differences in Charlotte and Harriet's behaviour in class in comparison to the play sessions; Charlotte was described to be more patient and accepting of Emma's behaviour and Harriet was described to be communicating more.

**Table 15 Quotations from the interview with the TAs to illustrate Sub-theme 1 within Theme 1.**

<b>Theme 1: ‘Perceived Benefits’</b>	
<b>Quotations illustrating Sub-theme 1: ‘A Different Context’</b>	
<b>Liz:</b>	<i>...when Charlotte put a brick on something and Emma took it off, say if that was in class, she would have snatched it and put it back, but she let her do it. She was quite happy. Or when Emma took something away from her, she didn’t react, whereas in class she would react.</i>
<b>Theresia:</b>	<i>But she didn’t, did she? She just let her take it, but that’s not the Charlotte I knew before. She wouldn’t have done that in class.</i>
<b>Theresia:</b>	<i>I think it was nice for Harriet, to see her having more focused attention.</i>
<b>Liz:</b>	<i>Because she doesn’t get a lot of it.</i>
<b>Theresia:</b>	<i>No, she doesn’t. I know it is staffing sometimes, but you’ll be doing a session in the class and before you know it, you look round and she’s sitting in the corner. It’s nice to let her sit there and play having one adult and Thomas, instead of sharing her between three or four kids ... In class, some days she won’t join in. So that was nice. She used her signing a lot more than she would do in class. She was signing, ‘more’, ‘please’, ‘Thomas’, but she was speaking as well wasn’t she?</i>
<b>Liz:</b>	<i>That’s lovely.</i>
<b>Theresia:</b>	<i>But in class, now and then you might get a word out of her, but not like she did in the sessions.</i>

#### **4.3.1.2 Sub-theme 2: ‘Allowing Autonomy’.**

This sub-theme describes the approach that Theresia and Liz felt worked well within the play sessions, which was to give the children autonomy (see Table 16). They placed great value on giving the children space and freedom to make choices for themselves within the sessions, therefore reflecting certain adult-facilitator roles which were captured in the thematic analysis for RQ 2, for example, the ‘Onlooker’ and ‘Stage manager’ roles (see



section 4.2). For Emma and Harriet, giving them ‘freedom’ within the play sessions seemed particularly important, considering that they often have a high level of support in class. Therefore, the play sessions were opportunities for the children to make their own choices and to have ‘freedom’ to share encounters with a peer without the constant direction of an adult.

Indeed, these opportunities seem important considering the directive nature of their interactions that the TAs portrayed to be their experience in their everyday school setting (e.g. “do this, do that”). Theresia suggested within the interview that being undirected was a novel and different experience for them, yet she also expressed her belief that the children “can think for themselves”, therefore reflecting the concept that these children are social agents.

**Table 16 Quotations from the interview with the TAs to illustrate Sub-theme 2 within Theme 1.**

<b>Theme 1: ‘Perceived Benefits’</b>	
<b>Quotations illustrating Sub-theme 2: ‘Allowing Autonomy’</b>	
<b>Liz:</b>	<i>Because Emma ... has a lot of one-to-one support all the time. So I think in a way it was nice -</i>
<b>Theresia:</b>	<i>- To give her some freedom.</i>
<b>Liz:</b>	<i>Yeah, to give her that freedom.</i>
<b>Theresia:</b>	<i>Same with Harriet. Sometimes it feels like you’re controlling their life more than their controlling their own.</i>
<b>Liz:</b>	<i>So ... it is giving them a bit of -</i>
<b>Theresia:</b>	<i>- Well, it’s a bit of choice isn’t it? Not being told what to do.</i>
<b>Theresia:</b>	<i>Every day they are used to instructions.</i>
<b>Liz:</b>	<i>And us telling them, ‘do this, do that.’</i>
<b>Theresia:</b>	<i>It was almost like ‘Oh. They’re not going to tell me what to do. Oh, can I do this?’ You know what I mean? And it’s nice because they can think for themselves.</i>

#### 4.3.1.3 Sub-theme 3: 'Future Considerations'.

This sub-theme describes the TAs' reflections about how their experience of the play sessions may influence their future practice (see Table 17). By being a part of providing the children with a different experience, the TAs considered how their perceptions of Charlotte had shifted and how they then thought about other settings in which she might benefit. This consideration extended to broadening the range of opportunities they might give to other children in future, such as being more open minded about pairing children who they might initially expect would find it difficult to interact together.

**Table 17 Quotations from the interview with the TAs to illustrate Sub-theme 3 within Theme 1.**

Theme 1: 'Perceived Benefits'
Quotations illustrating Sub-theme 3: 'Future Considerations'
<p><b>Theresia:</b> <i>I think ... seeing that she [Charlotte] has a different side, knowing that she can be gentle ... It's interesting because you always think, 'put her with the bigger ones'... but sometimes, maybe not. Maybe putting her with -</i></p> <p><b>Liz:</b> <i>- Maybe a quieter class?</i></p>
<p><b>Theresia:</b> <i>I'd probably match children you'd probably think wouldn't play, to see their reaction together. Like I said with Charlotte and Emma, I wouldn't have put them together and it worked.</i></p>
<p><b>Theresia:</b> <i>I enjoyed it ... I wish a lot more other kids had that opportunity to do that. Just to have that space...once or twice a week, to get out of the class and actually have that time out in a quiet environment, like for Harriet.</i></p>

### **4.3.2 Theme 2: ‘Perceived Challenges’.**

This theme explored some of the perceived challenges that were experienced during the implementation of the play sessions, including environmental barriers (Sub-theme 1) and the impact of the researcher (Sub-theme 2), yet the TAs also discussed overcoming these challenges (Sub-theme 3). These sub-themes are described in more detail and quotations are provided directly from the paired interview to illustrate the theme.

#### ***4.3.2.1 Sub-theme 1: ‘Environmental Barriers’.***

This sub-theme describes the environmental barriers which arose during the implementation of the play sessions, such as the suitability of toys, the equipment that the children use and the physical space of the play sessions (see Table 18). For instance, Liz recalled two separate sessions when Emma’s participation in the sessions were impacted by either the play materials or her standing frame. One of the games that was chosen to promote turn-taking between the children involved being able to use fine motor skills to manipulate small objects. Emma, despite showing determination to put the small objects in the right place, found this game difficult due to her fine motor skills ability, therefore impacting her level of autonomy. Consistent with the ‘trial and error’ approach that was described in the Chapter 3 Methodology (section 3.7.1), the game that Emma could not access was removed for the following sessions. A second barrier for Emma, which Liz noted, was on one occasion when Emma was left in her standing frame. On this occasion, the session ended early due to limited engagement from both peers. Both of these barriers impacted Emma’s ability to be free and autonomous within the sessions, which are two aspects of

the play sessions which were particularly valued by the staff (see Theme 1: Sub- theme 2, section 4.3.1.2).

Finding an appropriate space for the play sessions was another perceived challenge. This included the physical surroundings of the space, one example being certain pictures that were on display that could have perhaps altered one of the children's feeling of safety and security within the room. Furthermore, finding a space within the school to have the play sessions was also a perceived difficulty, despite agreeing at the start of the research with school staff that a consistent space was required. There were often double room bookings and the staff had to re-arrange rooms to ensure that there was a space that could be used for the sessions.

**Table 18 Quotations from the interview with the TAs to illustrate Sub-theme 1 within Theme 2.**

Theme 2: 'Perceived Challenges'
Quotations illustrating Sub-theme 1: 'Environmental Barriers'
<p><b>Liz:</b> ...so I think that was a bit of a barrier for her, that particular game and the time when she was left in her chair. There was one day that we left Emma in her chair, I don't know why we did that.</p>
<p><b>Liz:</b> Was Charlotte in a different space, head wise, because there were pictures of Father Christmas on the wall? ... Because she doesn't like anyone dressed up does she?</p>
<p><b>Liz:</b> I was getting frustrated because at one stage we couldn't even find a room, I thought, 'we're going to be doing this in the corridor' and I didn't want to say to you, don't come in because, I mean it's ridiculous, there must be somewhere.</p>

#### **4.3.2.2 Sub-theme 2: *'Impact of the Researcher'*.**

This sub-theme describes the TAs' perceptions about the researcher during the study and how this might have impacted the TAs behaviour (see Table 19). Both TAs expressed how they initially felt uncertain about working with the researcher and felt conscious about the researcher's presence. The TAs discussed their uncertainty of what the researcher was thinking about and expecting with regards to their facilitation of the play sessions. Liz does, however, recognise a shift in the relationship between the researcher and herself and indicates that she felt more comfortable with the researcher towards the end of the study.

The TAs further emphasised the potential impact of the researcher when discussing the portrayal of the children to external professionals, who they felt could be judging the children (e.g. "you don't know what they're thinking"). They suggested that there is a feeling of responsibility and loyalty to portray the children in a 'nice way'. This feeling of loyalty to the children means that they may not always be portrayed in the most honest way, which could be an influencing factor on the validity of the study.

**Table 19 Quotations from the interview with the TAs to illustrate Sub-theme 2 within Theme 2.**

Theme 2: 'Perceived Challenges'	
Quotations illustrating Sub-theme 2: 'Impact of the Researcher'	
<b>Theresia:</b>	<i>At the beginning, we didn't know you, and we didn't know what you were thinking, like, 'are they going to do something, are they not going to do something? Oh, are they going to let her do that?</i>
<b>Liz:</b>	<i>Because, there were times when I was thinking, 'hm, shall I, do I?' Because, again, we didn't really know you. But, towards the end, it was like, 'how am I sitting?' (slumps in her chair and laughs).</i>
<b>Theresia:</b>	<i>Yeah, someone like yourself comes in and you don't know the kids ... You don't know what other people are thinking.</i>
<b>Liz:</b>	<i>And we always want to display our children in a nice way.</i>
<b>Theresia:</b>	<i>Of course we do.</i>

#### **4.3.2.3 Sub-theme 3: 'Overcoming Challenges'.**

This sub-theme describes how, despite the challenges that were discussed within the interview, the TAs recognised that they, and the children, were able to overcome some of these challenges (see Table 20). For instance, despite their busy school setting, TAs demonstrated determination in continuing to implement the play sessions in the face of barriers. In addition, Theresia acknowledged how well the children managed certain challenges, such as room changes. Therefore, although finding a consistent space was a perceived difficulty of implementing the play sessions consistently, the adults were able to locate settings that enabled the children to continue attending the sessions and the children were able to adjust to these setting changes and participate.

**Table 20 Quotations from the interview with the TAs to illustrate Sub-theme 3 within Theme 2.**

<b>Theme 2: ‘Perceived Challenges’</b>
<b>Quotations illustrating Sub-theme 3: ‘Overcoming Challenges’</b>
<p><i><b>Liz:</b> I think we made it happen.</i></p> <p><i><b>Theresia:</b> That’s what you’ve got to do I suppose.</i></p> <p><i><b>Liz</b> I think we could have had a barrier every day, you know, but I think you have to make it happen, don’t you?</i></p>
<p><i><b>Theresia:</b> It’s good, because they [the children] adjusted to different rooms ... So, yeah that was good for them in a way as well though, looking at it from the other side.</i></p>

#### **4.3.3 Triangulation between the TAs’ views expressed in the interview and the observational data.**

During the interview, Liz and Theresia made certain comments and reflections about the children’s behaviour and experiences within the sessions. The observational data were revisited to ascertain whether there is support for the views expressed in the interview. Table 21 presents the TAs’ perceptions with some examples taken from the observational data in the form of a descriptive narrative.

**Table 21 Comments about the children's behaviour with corresponding examples from the observational data.**

Teaching Assistants' comments about the children's behaviour	Examples from the observation data
<p>Liz commented that Charlotte had been more accommodating of Emma's behaviour: <i>"...when Emma took something away from her, she didn't react ..."</i></p>	<p>In session 4, Charlotte picked up one of the books on the shelves in the room and started to look through it. Emma crawled over to Charlotte and sat on the book, creasing the pages. Initially, Charlotte tried to pull the book away, but Emma laughed and pushed down on the pages. Charlotte looked up towards Liz, who then supported them both to look at the book together.</p> <p>In session 7, Charlotte and Emma were lining up the different foods from their tea party. Emma started to scream and laugh and picked one of them up, throwing it at Charlotte. The toy hit Charlotte on her shoulder to which Charlotte looked between Liz, Emma and the toy, before picking the toy up and putting it back with the other toys.</p>
<p>Theresia noticed that Harriet had been signing and speaking during the play session: <i>"She [Harriet] was signing, 'more', 'please', 'Thomas', but she was speaking as well wasn't she?"</i></p>	<p>The thematic analysis of the observation data demonstrates that Harriet was imitating language and that over the course of their 10 play sessions, there were 62 instances of Harriet speaking. For example, in session 6, Thomas asks Harriet, "Do you want the ball, Harriet?" and Harriet replies in spoken and sign language, "ball". They throw the ball back and forth until Thomas stops and asks, "More, Harriet?" and Harriet signs 'more'. Thomas then asks, "Say 'please, Thomas'?" and Harriet says and signs "please Thomas".</p>
<p>Theresia expressed how giving the children space, without adult direction, meant that they could make their own decisions: <i>"It was almost like 'Oh. They're not going to tell me what to do. Oh, can I do this?' ... And it's nice because they can think for themselves."</i></p>	<p>In session 3, Harriet said "no" to playing with the big ball and she then watched Theresia and Thomas play with the ball together. She was invited to join in a further three times, by Theresia holding out the ball to her, and on the third time she took the ball and became a part of the game.</p> <p>In session 4, without prompting, Thomas offered Harriet a choice of two objects. They played with the object that Harriet chose.</p> <p>In session 2, Charlotte made a crashing noise by tipping out all of the smaller objects in the box onto the floor. Emma laughs loudly after Charlotte did this and Charlotte starts to repeat the loud noises by throwing the different objects on the floor.</p>



<p>Liz wondered whether the environment had impacted on Charlotte's behaviour: <i>"Was Charlotte in a different space, head wise, because there were pictures of Father Christmas on the wall?"</i></p>	<p>In session 8, there were two occasions when Charlotte left the middle of the room where the toys were placed and stood on a chair to look at pictures of Father Christmas. She pointed to the pictures and looked at Liz, drawing her attention to the pictures.</p>
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#### 4.3.4 Summary of data relating to RQ 3.

In response to RQ 3, this analysis identified the adults' perceptions of the benefits of the play sessions and the challenges they experienced when implementing the sessions. The benefits were centred around providing the children with a different experience to their everyday experiences at school. In particular, in the context of the play sessions, two of the children demonstrated certain behaviour which was not typically observed within their classroom environments. Furthermore, the play sessions provided a time and space for children to be autonomous agents, which was different to the directive and instructional approach that they experienced in their everyday classroom encounters. These play sessions also encouraged the adults to reflect on what they had experienced and how this might influence their future practice and the opportunities that they give children.

The challenges that were identified included environmental barriers, such the physical space of the play sessions, finding it difficult to locate available rooms from week-to-week and considering whether the décor can impact the levels of engagement and participation of the children. Other environmental challenges were centred around choosing the right equipment for the level of need of the children, to ensure that they could successfully access,

and consequently, successfully and independently participate during the play sessions. A second challenge was the impact of the researcher, particularly on the adults, especially at the beginning of the play sessions when the TAs highlighted their awareness of the researcher and described concerns about what the researcher might be thinking about their facilitative style and about the behaviour of the children. Despite these challenges, however, the adults expressed a determined attitude to continue to implement the play sessions and acknowledged how the children demonstrated flexibility in response to certain challenges, such as room changes.

#### **4.4 Analysis of data relating to RQ 4**

Research Question 4: If the structured play sessions facilitate social play, does this transfer to other contexts?

Data were collected to answer RQ 4 by conducting informal interviews with the TAs each week, after each play session had taken place. The TAs were asked whether the children had spontaneously demonstrated any play behaviour outside of the play sessions. The TAs stated that they had not seen any spontaneous examples of social play that specifically suggested a transfer of skills from the play sessions. In conclusion, social play that occurred within the play sessions, did not transfer to other contexts.

The next chapter, Discussion, explores these results in greater depth.

## **Chapter 5 Discussion**

This chapter considers the main findings of the current study with reference to existing literature. First, the strengths and unique contribution of this study is emphasised. Second, the main findings in relation to the RQs are presented. Third, the limitations of the design and findings and possible areas for future research are identified. Finally, implications for professionals working in educational psychology and education are explored. The chapter concludes with an overview of the findings.

### **5.1 Discussion Relating to RQ 1**

The current study provided adult-supported, structured play sessions for two pairs of children, each pair consisting of a child who is identified as having SLD and a child who is identified as having PMLD, with the intention of facilitating social play between them. The findings from this study illustrate that the play sessions did indeed facilitate social play between the children, as each child spent just under half of the total time of the play sessions in social play. This finding is promising in light of previous research which indicates that children who are identified as having SLD and PMLD find it difficult to engage in social play (Suhonen et al., 2015).

Even studies which have aimed to promote social play between children who are identified as having SLD and PMLD, by providing a time and space to play, found that these children have significant challenges with engaging in social play (Imray, 1996, cited in Imray & Hinchcliffe, 2014; Imray 1997, cited in Imray & Hinchcliffe, 2014). Yet there are fundamental differences to Imray's

attempts to promote social play and the current study. First, adult support was not provided to facilitate play. Second, Imray provided play groups, consisting of four-to-five children, whereas the current study focused on pairs of children, therefore potentially reducing the social demands on the children. This pairing was also devised based on children who were thought to enjoy social interaction; it is not clear how Imray chose the children for his groups. Furthermore, the children identified as having SLD in the current study were informed prior to the play sessions about the purpose of the sessions. Considering that Imray's studies did not include adult facilitation and do not state whether the children were informed in a developmentally appropriate way about the purposes of the group sessions, it seems unlikely that the children would have understood what to do within the sessions. Finally, the play groups in Imray's studies were made up of children of the same developmental level. Therefore, a further reason for the children's participation in social play within the current study could be due to the pairing of children, as informed by Vygotsky's theory (1978); a 'more able' child who can support a peer through interaction and collaboration.

The analysis of play behaviours to better understand the nature of social play within the sessions identified notable differences within the pairs, particularly in relation to Theme 1: 'Spontaneous Behaviour'. Both children identified as having SLD engaged in a range of peer tutoring behaviour, whereas their partners identified as having PMLD, did not. The specificity of this behaviour to the children identified as having SLD supports the concept that they are the 'more able' other by guiding, directing and scaffolding social play

with their peer identified as having PMLD. By using peer tutoring behaviour, their partners were supported and encouraged to engage in social play.

The current study therefore adds supporting evidence to the one existing study which also paired children who are identified as SLD and PMLD (Chalaye & Male, 2011) – as informed by Vygotsky's theory – and demonstrates that Vygotsky's theory can be used in special educational settings, as well as mainstream schools, to promote peer-to-peer shared experiences. In addition, the finding that children who are identified as SLD can support their peers who are identified as having PMLD supports the concept of inclusion that children can be used as resources to enhance one another's experiences and development (Booth & Ainscow, 2011). By exploring practical ways in which inclusion can be facilitated, as the current study does, this research is promoting and contributing to a growing understanding of how the key principles underpinning Valuing People (DoH, 2001) can be actively implemented by those who support individuals identified as having learning difficulties.

Furthermore, the children identified as having SLD also spontaneously initiated social play more than their partners. The majority of these attempts, however, were unsuccessful, therefore indicating that this may be one aspect of play behaviour for educators and professionals to specifically focus on when supporting children who are identified as having SLD and PMLD to play together. Although Charlotte (SLD) initiated social play more than her partner, Emma (PMLD), Emma was more successful at initiating social play, with a larger number (and proportion) of her bids for play resulting in social play. This finding therefore challenges the assumption that a child identified as having SLD will consistently be the 'more able' peer in partnership with a child

identified as having PMLD. Perhaps certain individual characteristics, such as the motivation to seek a shared experience with a peer and the manner in which bids for play are made, for instance, are important for the success of social play, rather than cognitive and developmental levels as indicated by 'SLD' and 'PMLD' labels.

The success of bids for play, however, are also dependent on the recipients' responsivity to the initiations of their peer. The fact that Emma's bids for play were more successful than Charlottes illustrates that Charlotte was responsive to Emma's attempts to play together. Indeed, Theme 2, 'Contingent Behaviour' emphasises that the nature of social play for these children was not only characterised by spontaneous behaviour, but also behaviour that is responsive to their peer, consequently leading to reciprocal and shared experiences. 'Turn Taking' in particular, was frequently observed within each pair, which demonstrates that the children displayed interest and motivation to maintain social play without adult-support.

Not all spontaneous behaviours were observed more frequently for the children identified as having SLD. 'Problem Behaviour' was observed more typically in the children identified as having PMLD, perhaps explaining why these children have been described to have more significant challenges with engaging in play with their peers (Imray, 1996, cited in Imray & Hinchliffe, 2014). As described in the Results chapter, 'problem behaviour' seemed to either serve a variety of communicative functions (Harriet) or indicated an attempt to join in with their peers' play (Emma), but due to the way they were displayed meant that it was categorised under 'problem behaviour'. There is therefore a need to consider how this behaviour can be supported and

interpreted in a way that can be more conducive to social play, such as ensuring that all toys are soft and can be thrown safely as part of game, or by the adult facilitator being sensitive and responsive towards certain 'problem behaviour', such as considering what the child may be trying to communicate.

The findings from RQ 1 emphasised the reasoning behind adopting the social model of disability for the current study. First, providing an environment that is conducive to social play, such as providing familiar toys and a regular space away from the classroom with adult support, was indeed important to facilitate social play between the children who participated in this study. Second, these findings emphasised that the children actively influenced, participated and contributed to their own experiences of social play by engaging in unsupported spontaneous and contingent behaviours.

These findings are in line with previous research which has also adopted the social model of disability and recognised how children influenced their environments (Davis et al., 2007; Nind et al., 2010). The children's ability to organise and independently contribute to social play portrays their agency in this context, therefore supporting the literature which proposes that play is an opportunity for children to be social actors and leaders (Dymtro et al., 2014; Stetsenko & Ho, 2015). Furthermore, the fact that children who are identified as having SLD and PMLD can exercise their agency and connect with others through social play, as the current study demonstrates, corroborates Simmons and Watson's (2014) argument for these children to be recognised as children first, not primarily through their learning difficulties.



## **5.2 Discussion Relating to RQ 2**

Research Question 2 analysed the nature of adult support during the structured play sessions. This analysis identified four roles that the TAs adopted, each with differing degrees of involvement and influence over the play as guided by previous research (Tarman & Tarman, 2011): 'Onlooker', 'Stage Manager', 'Co-player' and 'Play Leader'. Tarman and Tarman (2011) discussed these roles as separate entities and wrote in-depth narratives to describe each distinct role. Similarly, Hakkarainen et al. (2013) also wrote about seven distinct main themes to represent the adults' role when facilitating pretend play, some of which indeed reflect Tarman and Tarman's roles, such as the active participation in play, for instance. However, by writing only about the outcome of the analysis and focusing on the purposes of the adult role in play as separate entities, the nature of what the adult role looks like whilst engaged in play with children is lost. As a result, the adults' role is portrayed as static without the inevitable fluidity and changeableness that arises when playing with children. In contrast to the previous presentation of roles, the narratives written for the current study illustrated how the TAs used these roles in a dynamic and sometimes fleeting manner; the TAs moved fluently between roles in response to the children's behaviour.

The narratives present many occasions when adult mediation was successful and necessary, therefore, to a certain extent, supporting the relevance of Vygotsky's theory (1978) to the current study. The TAs were observed to shift between differing supportive roles to manage the dynamics between the children, including the different levels of need and individual expectations of the children. The fluidity and interchangeable nature with which

the TAs adopted these roles indicates that there is not a standardised procedure that adults can employ to facilitate social play. The success of adult mediation in supporting social play therefore seemed dependent on a 'trial and error' approach, by adjusting styles of facilitation depending on the children's responses, motivations and preferences at that particular time.

On the other hand, the results related to RQ 1 demonstrated that these pairs could start and/or maintain social play without adult support. In recognition of this, the TAs were observed to give the children time and space to negotiate play between them with minimal interference, therefore responding to and promoting their agency. Whilst Tarman and Tarman (2011) states that the 'Onlooker' role involves an adult observing and recognising when to step-in to support play, this research further indicates that the effective use of the 'Onlooker' role is also characterised by the adult consciously recognising when to take a step back from facilitating the children's play, allowing the children to take the lead. Consequently, adult mediation to facilitate social play was not consistently necessary during the play sessions, therefore diminishing the relevance of Vygotsky's (1978) theory, particularly in relation to the importance of adult facilitation.

The importance of adult facilitation is further challenged by the finding that the majority of the adults' prompts to initiate social play between the peers were categorised as 'unsuccessful' for three of the children: Charlotte (SLD), Thomas (SLD) and Harriet (PMLD). Therefore, the children were not particularly responsive to the adults' attempts to start play, perhaps reflecting a mismatch of shared intent between the children and TA during the play sessions as Flear (2015) identified within her study about the role of adult within children's play.

Fleer (2015) found that this mismatch of intent arose when teachers attempted to teach part of the learning curriculum during play. However, the finding from the current study also highlights that discordancy between children and adults in play can occur with social intentions too. There is therefore a fine balance to manage child-directed play and attuned adult facilitation.

In addition, the result that the majority of spontaneous bids for play, specifically for Charlotte (SLD), Thomas (SLD) and Harriet (PMLD), were unsuccessful indicates that starting play could be one main reason for why children who are identified as having SLD and PMLD find it difficult to engage in play with peers. Emma (PMLD), however, was an exception to this finding, in that the majority of her attempts to play were successful. The adult rarely prompted her to initiate social play, perhaps because she was sensitive to and aware of her success in initiating play with her partner. Yet Emma's success continues to add questionability to both the necessity and effectiveness of adult mediation in initiating social play between these children.

In summary, the findings from RQ 2 illustrate that the nature of adult support has two main facets; (1) recognising the importance of giving children time and space to explore social play independently (e.g. 'Onlooker'); and (2) recognising when children require support and guidance by applying dynamic roles and responding to children's behaviour (e.g 'Stage Manager', 'Co-player' and 'Play Leader'). The two-fold use of Vygotsky's theory (1978) for the current study is therefore particularly valuable to encourage both spontaneous social play between the peers, as facilitated by peer tutoring behaviour and socially motivated peers, as well as the provision of adult support to mediate and facilitate when the children require structure and direction.

### 5.3 Discussion Relating to RQ 3

Research Question 3 analysed the challenges and benefits of the play sessions as perceived by the TAs, and how they felt their experiences might impact on their practice. One of the perceived benefits, 'Allowing Autonomy' (Sub-theme 2), further emphasised the importance of the adults' adopting the 'Onlooker' role to promote children's agency within this context. Opportunities for children to experience freedom and control is especially important given that children who are identified as having PMLD in particular are perceived to lack agency and volition, which is argued to impact the way in which adults work with them (Simmons & Watson, 2014). Indeed, one of the TAs, Theresia, commented that "sometimes it feels like you're controlling their life more than they're controlling their own". This reflects the social model of disability in that attitudes and environments can be barriers for people who are disabled to develop, progress and contribute to society.

A second perceived benefit, 'A Different Context' (Sub-theme 1), highlighted how meaningful inclusion was facilitated within this environment for Harriet in particular. The fact that within the play sessions Harriet joined in with social play and communicated more through her use of signing and spoken language, emphasises the importance of exploring different contexts with children, to better understand the contexts that enable them to progress and achieve. Harriet's behaviour in the play sessions is in contrast to the image of Harriet in class portrayed by Theresia in the interview. Harriet was described to be "sitting in a corner" in class and only "now and then" speaking/signing a word, therefore highlighting challenges of participating within that setting and

perhaps, a lack of motivation or confidence to communicate with others. This reflects the inclusion issue identified by Simmons & Bayliss (2007) whereby children who are identified as having PMLD were observed to be on their own for long periods of time and interacted less with peers and adults.

Simmons and Bayliss (2007) had initially aimed to illuminate the good practice of a special educational provision in including children who are identified as having PMLD. Yet their study identified and documented more concerns about inclusive practice. Also, the article presents the viewpoints of staff as being disempowered, who do not have many opportunities to learn about the best ways to support the children they work with. Whilst examples such as these are important to raise awareness, their conclusion focuses more about moving towards the inclusion of children who are identified as having PMLD in mainstream schools, rather than using their findings to consider constructive recommendations for the special educational provision who took part, and potentially other schools too. One of the authors of this study acted as a TA in the school for two months and this could have been an opportunity to work alongside school staff to understand their perception of inclusion and together consider how best to implement inclusive experiences within their school.

The current study demonstrates that it is not only important to provide children with varied and different experiences, but also to work with the TAs and provide opportunities to participate in these experiences with the children they support. By inviting school staff to participate in different contexts with the children they work with and explore different styles of support, school staff can broaden their skills and increase their understanding of the children. As a result

of these experiences, previous perceptions of children and how they can be best supported may be challenged and new ideas may be taken forward into future practice. This sub-theme provides further evidence for the conclusion of Kossyvaki & Papoudi's (2016) meta-analysis, which recommended the inclusion of school staff in facilitating play interventions.

In addition to the perceived benefits of the play sessions, perceived challenges were also identified within this RQ. One identified barrier, finding and booking available rooms, reflected the difficulty of conducting research in 'real life' situations. Robson (1993) identifies that 'real life' research is "relatively poorly controlled and generally 'messy'" (Robson, 1993, p. 3), in comparison to laboratory-based studies. In the current study, the limited control of the environment was evidenced by the fact that the play sessions took place in three different rooms over the course of the study. This 'real life' scenario, however, is more realistic and representative of the context in which EPs and school professionals work than heavily controlled, laboratory-based studies. Perhaps, the commitment and determined attitude of school staff (as presented in Sub-theme 3; 'Overcoming Challenges') is therefore fundamental to ensuring that opportunities, such as the play sessions, continued to occur.

A second perceived challenge was the 'Impact of the Researcher' (Sub-theme 2). This perceived challenge demonstrated that, although the researcher took steps to attempt to alleviate researcher effects (as noted in the Chapter 3 Methodology), the TAs still felt very aware of the researcher and expressed concern about the judgements of the researcher regarding their facilitation style during the play sessions. Whilst this challenge was only referred to in relation to the TAs, it is likely that if the researcher's presence affected the adults, then it

would have had an impact on the children also. This finding presents a research dilemma; it was deemed a necessity for the researcher to attend and record each session to ensure fidelity of play opportunities. Whilst it has been recognised that researchers who observe are likely to have an impact on the participants, further consideration should be given to how these influences can be further alleviated.

Previous research which has involved adults in children's play typically only presents research findings from the researcher's perspective (e.g. Fleer (2015; Hakkarenien et al., 2013; Tarman & Tarman, 2011). The current study therefore adds new insight to existing play literature by exploring the benefits and challenges of the play sessions through the lens of the TAs. Whereas the researcher was predominantly assessing and investigating social play, the semi-structured interview demonstrated that the TAs did not focus on social play as such, but valued observing the children in a different context and the opportunities to support the children's experiences of autonomy within the sessions. This process therefore enabled the researcher and TAs to co-construct a shared understanding of their experiences of the play sessions.

#### **5.4 Discussion Relating to RQ 4**

The final RQ analysed whether the play skills that were observed within the play sessions had transferred to other contexts, i.e. whether social play between the peers had been spontaneously reproduced in other settings outside of the play sessions. Informal interviews with the TAs who facilitated the sessions and worked in the classrooms of the children who participated in this study, confirmed that they had not observed any transferability of the play

behaviours within the play sessions. The National Research Council (NRC) were commissioned to examine a wide range of research to explore how children can learn new skills and then transfer their knowledge to apply it in new and different contexts (NRC, 2012). They acknowledged that although the research on transfer for interpersonal skills is less robust than studies on transfer for cognitive skills, the strategies to enhance the transfer of skills are essentially the same. In particular, they summarise that the research highlights the importance of teaching children metacognitive skills, such as questioning, elaboration and self-explanation (see also Partanen, Jansson, Lisspers & Sundin, 2015), but in order to engage in these skills, children must have a higher-level language skills and higher-order thinking skills. For children who are identified as having SLD and PMLD, it is unlikely that these strategies will be developmentally relevant. Future research might consider how to differentiate the teaching of some of these metacognitive strategies, such as using video footage to encourage children who are identified as having SLD to reflect on significant aspects of the play sessions in a more concrete way.

Furthermore, the NRC (2012) also states that the research on the transfer of social and emotional skills emphasises value in teachers giving sufficient attention and time for skills development, which the current study did. However, this additional time for skills development should be combined with an integrated curriculum to promote extensive practice in different contexts. In support of this statement, the SCERTS approach (Prizant et al., 2006) suggests that social play skills for children with communication difficulties at a range of developmental levels, should be learnt and applied in a variety of contexts. Specifically, this approach suggests that these skills should be promoted both in



predictable and structured sessions together with more natural, everyday environments, which this study did not do.

Previous research has successfully supported children to transfer newly learned play skills from within play interventions through inviting parents to observe the intervention and practice the skills at home (Wilkes et al., 2011). This study, however, did not attempt to actively support the children to practice the skills in different environments, perhaps further explaining why the social play behaviour between the children was isolated within the play sessions.

Whilst the current study demonstrated that the children experienced meaningful inclusion within the play sessions, this lack of transferability to other contexts means that inclusion was not further promoted outside of these sessions in everyday contexts. The transferability of these skills is therefore a key area to enhance and focus upon if this research is to be repeated. The TAs who facilitated the play sessions were well placed to support the transfer of skills, considering that they work with and support the children who participated in their classrooms. Consequently, bringing the toys that were used in the play sessions into the classrooms, may be one way to prompt social play behaviour in other settings. Furthermore, holding play sessions within the classroom, in addition to a predictable, structured environment, as the SCERTS approach (Prizant et al., 2006) suggests may support the transferability of play skills in future research.

### **5.5 Theoretical and Methodological Contributions of the Current Study**

This study brings new insight into social play between children who are identified as having SLD and PMLD. Whereas previous studies have identified

that these children find it challenging to play together, one of the unique contributions of the current study is the finding that given the right support and environment, children who are identified as having SLD and PMLD can engage in social play. This finding emphasises the importance of using the social model of disability as a driver in creating opportunities outside of these children's everyday situations to promote inclusion by providing time, space and support to encourage their active participation in shared, enjoyable experiences with a peer.

In particular, the current study contributes to a deeper understanding of how Vygotsky's (1978) theory can be utilised to facilitate play. This study indicates that adult support can indeed facilitate play between children identified as having SLD and PMLD, therefore extending and adding new knowledge to research which has only examined the adults' role in typically developing children's play. Adding further insight still, this study also demonstrates the importance of utilising the Vygotskian framework twofold; to inform the provision of adult support *and* how children can be paired together to further facilitate social play.

Methodologically, one of the strengths of this study is the application of a mixed methods approach to the case studies. Social play in children identified as having SLD and PMLD has been examined either quantitatively or qualitatively. The current study, however, employed both of these approaches to provide a more detailed understanding of social play experiences by combining more objective methods with subjective methods. The combination of these methods captured a rich picture of the nature of the children's social play within the play sessions. Moreover, the case study design facilitated the

understanding of the children's social play within a 'real life' situation in the context of the children's school, which is more relevant to and representative of the role of the EP.

Another key methodological contribution is the inclusion of the perspectives of the TAs who facilitated the sessions. Their perspectives provided additional knowledge into the wider impact and benefits of the play sessions, such as providing children with the opportunity to be autonomous, for example. Based on the TAs' familiarity with the school and the children, they drew comparisons and noted differences between the children's typical behaviour within school and their behaviour within the play sessions; the researcher would not have had this level of knowledge or familiarity with the children to allow such analysis. The perspectives of the adult participants therefore helped to appreciate and co-construct other benefits of the play sessions, in addition to the facilitation of social play.

## **5.6 Limitations and Adaptations**

There are a number of limitations to this study which particularly effect the study's generalisation and reliability. Both the limits on generalisation and reliability are discussed below. On reflection of these limitations, adaptations are suggested for future research. Finally, considerations for future research are suggested based on this research process and the main findings of the study.

### **5.6.1 Generalisability**

The generalisability of case studies is a limitation which has already been noted, in Chapter 3 Methodology (section 3.2.1), due to the small sample

size which case studies typically involve (Yin, 2014). Yet Yin (2014) asserts that although case studies cannot be statistically generalised (i.e. applying findings from a study to a larger population), case studies can be analytically generalised. Therefore, this study does not attempt to generalise the findings to a wider population. On the other hand, this study does seek to provide analytic generalisation, which refers to the opportunity to examine theoretical concepts and principles that can go beyond the setting of the specific case that was investigated. For example, in this study, Vygotsky's (1978) theory was challenged particularly with regards to the effectiveness of adult mediation in facilitating the children to initiate play. Therefore, the combination of both the 'more able' peer, in addition to the 'more able' adult, should be utilised to generalise this theoretical framework to facilitate social play with this target group.

In addition, the heterogeneity of children who are identified as having SLD and PMLD is another factor which limits the generalisability of the findings. The children who participated in this study have unique needs and characteristics and were selected for this study based on different reasons. For example, Harriet (PMLD) was selected by school staff because she found it difficult to engage with peers in the classroom, whereas Emma (PMLD) was selected due to her happy and sociable nature. Yet these sessions still facilitated social play for both children. Indeed, Bassey (1999) argues that if research findings from small scale studies may improve future practice in schools, then this in itself is justification for ideas to be replicated. Bassey (1999) also airs caution, however, that education professionals should be

equally aware that this finding may not be equally well received in different schools.

Although EP practice is expected to be grounded on evidence from robust research, Dunsmuir, Brown, Iyadurai and Monsen (2009) argue that a large and important aspect of evidence-based practice in EP work includes direct monitoring and evaluating of the work that they implement in schools, such as through qualitative methods and case studies. Even when large randomised control trials are conducted, they still lack external validity (Dunsmuir et al., 2009). Whilst these large studies might be more representative of a certain population, they cannot account for every individual, which is particularly true of target groups with large individual variation. Consequently, when working with such a diverse population, the implementation of play sessions for each case must be monitored and evaluated separately.

Finally, it should be noted that the children who are identified as having PMLD in this study, both demonstrated awareness of and interest in their peers. It would be beneficial for future research to conduct this study with children who are identified as having PMLD, who demonstrate less awareness of their peers. Investigating this will help to identify whether implementing play sessions, as informed by a Vygotskian framework, can be tentatively generalised to a wider range of children who are identified as being on the continuum of PMLD.

### **5.6.2 Reliability**

A second limitation, as previously acknowledged in Chapter 3 Methodology, is the degree in which the study is considered to be reliable. Despite a rigorous and systematic research process, the challenge of reliability

arose in two ways. First was the high degree of interpretation needed to categorise the play behaviour into play states. The description of the development of the structured observation schedule (section 3.6.2) identified that it was sometimes difficult to fully understand the intent or purpose of the children's behaviour. Co-constructing and discussing definitions and examples of play at great length with a second observer helped to provide more reliable results, which was demonstrated through the high rates of inter-rater reliability. This process, however, was time consuming and it is still questionable whether two independent observers without the opportunity to come to an in-depth, shared understanding would produce such high inter-rater reliability results.

Second, the reliability of the study was affected by the researcher attending every play session. This challenge was confirmed by the TAs in the semi-structured interview, therefore suggesting that the researcher did impact the behaviour of the participants. If this study was to be completed again, in hindsight, it may be less intrusive and obvious for the researcher to set-up a camera in the room before each session, rather than being present in person.

In observational studies, however, the participants will typically be aware that they are being observed and it is therefore difficult to eliminate all researcher effects. Researcher effects were alleviated as the study progressed, and the relationship between the researcher and TAs and children developed, which one TA, Liz, noted in the semi-structured interview. Again, improving the reliability of the study through the development of relationships, rather than only developing a rapport, is time consuming and may not be practical or realistic.

### **5.6.3 Considerations for Future Research**

The current study identified and described the nature of children's social play and the nature of adult support within the play sessions. The exploratory nature of this study did not, however, identify whether there were any relationships between the style of the adults support and the social play that the children were engaged in. The analysis of relationships between social play and adult support might identify whether there are any particular styles of support that appear to be used more than others to facilitate social play, or more effective than others at maintaining social play. To analyse the frequency of adult roles in play, a more quantitative style of data collection and analysis may be more appropriate.

In addition, the current study identified that both children and adults were mostly unsuccessful at initiating social play. Therefore, a more in-depth and focused analysis on both spontaneous and adult-prompted bids for play is required. This analysis may lead to a better understanding of why this is currently not working for this population of children, as well as to identify the process and dynamics of when an initiation does lead to social play. This study also found that there were not any instances of transfer of play skills. Consequently, future research should aim to devise the play sessions to aim to facilitate transferability of play skills as suggested in section 5.4 of this chapter.

Finally, although this study gained the perspectives of the TAs who supported the play sessions, future research should aim to gain the perspectives of the children who participated. Interviews with the children who are identified as having SLD could be facilitated by various visual supports and tools, such as adapting the diamond ranking activity (e.g. Niemi, Kumpulainen,

& Lipponen, 2015; Woolner, Clark, Hall, Tiplad, Thomas & Wall, 2010), for example. The diamond ranking activity could involve children sorting different photos of the play sessions into their most favourite aspects of the sessions, such as pictures of toys and photographs of the children playing together. For the children identified as PMLD, their views could be gained by asking parents and teachers who know the children well to observe some of the film data and comment on which parts they seemed to particularly enjoyed.

## **5.7 Implications for Professionals Working in Education and Educational Psychology**

Chapter 1 Introduction highlighted that in comparison to other professionals, EPs spend less time supporting schools for children who are identified as having SLD, and that few school staff felt that EPs were 'very useful', with some schools evaluating the work of EPs as being 'no use' (Male & Rayner, 2007). There is therefore a clear need for EPs to develop and extend their knowledge to support this group of children and young people, who are at risk of social exclusion (DoH, 2001; 2009), together with the school staff who work with them. This study offers EPs a concrete and practical suggestion of organising adult-supported play sessions, between children who are identified as having SLD and PMLD, within special educational settings. With the growing number of children who are identified as having PMLD, and are reported to be attending schools for children identified as having SLD (Male & Rayner, 2007), their inclusion within these schools must be carefully evaluated. This study raises awareness about how inclusion can be promoted in schools, not by



simply being present in a class of mixed ability children, but by actively shaping and contributing their experiences with peers.

For professionals working within schools, this research has implications for the curriculum that they are providing for individuals who are identified as having SLD and PMLD. It raises questions about whether classrooms/schools offer regular opportunities for social play. In addition, this study emphasises the need to consider how these opportunities can be carefully facilitated by adult support, together with the pairings of children, as informed by Vygotsky's (1978) theory and inclusion principles (Booth & Ainscow, 2011). Furthermore, it draws attention to the physical organisation of classrooms and schools, in providing a space that children can use to play with others. This includes the consideration of materials and toys to facilitate social play, and a space that accommodates free movement. Free movement is key for children to have more choice and freedom in their learning space, which the TAs within this study valued as one aspect of the play sessions.

This research also highlights the importance of school staff being able to participate and engage in different contexts with the children they work with, therefore promoting a deeper understanding of the child and the experiences they may benefit from. EPs are well placed to support school staff in implementing and evaluating new opportunities within their schools. By collaboratively working with school staff, EPs can address two common criticisms as reported by schools: that EPs mostly work with individual children and do not work closely enough with school staff (Wagner, 1995). Indeed, the participation and involvement of school staff in this study demonstrated that the benefits of the play sessions are not only limited to the individual children who

participated; the adults can apply what they have learned to new situations with different children, therefore promoting a wider impact of results.

Further considerations about the EP role were also raised, however, when the TAs discussed their initial thoughts and concerns about what the researcher might think about their facilitation skills. Part of the EP role is to observe children in their everyday context (Wagner, 1995), thus observing children's interactions with those who they are supported by. Although the TA described how they became less concerned about the researcher's presence over time, EPs will often not have the time to work with the same staff regularly over the course of 3 months for a relationship develop. Consequently, there is a need for EPs to be aware of and sensitive to the impact of their presence on both the child and school staff. It is hoped that this research will contribute to an open and reflective dialogue about the impact that external professionals can have on the children and school staff whom they visit.

## **5.8 Conclusion**

Although previous research demonstrates that children who are identified as having SLD and PMLD have difficulties with engaging in social play (Imray, 1996, cited in Imray & Hinchcliffe, 2014; Imray 1997, cited in Imray & Hinchcliffe, 2014; Suhonen et al., 2015), this study found that these children can play together, if they are provided with the right environment. This study was inspired by two concepts: inclusion and the social model of disability. The findings demonstrated that by providing a context that offered children a dedicated time for play, a space to explore their autonomy and agency, and focused and responsive support, children did indeed engage in social play.

Underpinned by Vygotsky's (1978) theory in two ways, this study provided opportunities for two pairs of children – each pair consisting of a child who is identified as having SLD and a child who is identified as having PMLD – to participate in adult-supported, structured play sessions. An analysis of the nature of social play demonstrated that each child engaged in a range of spontaneous and reciprocal play behaviour without the support of the adult, therefore portraying these children as being active social agents. This finding is significant given the association between social play and socio-emotional well-being (Rentzou, 2014), in addition to the value that children place on building relationships with their peers (Bauminger & Kasari, 2000; Roulstone et al. 2010).

The two-fold nature of the Vygotskian framework for the current study – the 'more able' peer and the 'more able' adult – seemed particularly important for the success of the play sessions. The children identified as having SLD spontaneously engaged in peer tutoring behaviours to encourage and guide their peer during social play, with further adult support available when it was required. The nature of adult support within these sessions was dynamic and fluid, and the TAs were observed to utilise different styles of support interchangeably, depending on the responses and behaviour of the children. An important finding demonstrated that TAs' prompts to initiate social play between the children were mostly unsuccessful; therefore, there is a further need for research to analyse how TAs prompt play between children and what is, or is not, working. Similarly, research is required to analyse children's spontaneous bids for play to better understand how this can be supported.

It is recognised that this study is not without its limitations, especially in relation to its generalisability and reliability. Yet the positive experiences that these children and adults encountered during this study warrants dissemination to school practitioners. EPs are well placed to support the distribution of these findings and the implementation of such strategies, using monitoring and evaluation techniques to assess its effectiveness. It will be important for future research to continue to add to these findings to build deeper and more robust insight into successfully supporting the social play of children who are identified as having SLD and PMLD.

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**Appendix 1: The databases, key search terms, and the inclusion and exclusion criteria.**

<b>Date</b>	<b>Database Name</b>	<b>Search Strategy</b>	<b>Results: No. of Hits</b>
11 <sup>th</sup> November 2016	British Education Index	“Learning disabilities” AND play  “severe learning disability” AND “social interaction”.  Play AND “social play”  Play AND SEN  Teacher AND Child AND Play	29  1  13  15  382
11 <sup>th</sup> November 2016	ERIC	“Severe intellectual disabilities” AND play.  “Profound and multiple learning disabilities” AND children AND play.  “Social play” and Children  Play AND “Special needs”  “Teacher role” AND Child AND Play	12  24  36  173  190
11 <sup>th</sup> November 2016	PsychInfo	“Learning disabilities” AND “social play”  “Teacher role” AND Child AND Play  “Social play” AND Children AND “special needs”	106  11  104
11 <sup>th</sup> November 2016	Web of Science	“Special needs” AND “social skills” AND “play”  Play AND “Teacher role”  Play AND “Teacher-child interaction”  “Learning disability” AND “Play”	8  8  14  71

11 <sup>th</sup> November 2016	PsychARTICLES	"Play Intervention" AND "Social Skills"  "Teacher" AND "Social Play" AND "Social skills"  "Learning Disabilities" AND "Social Interaction"  "Learning Disabilities" AND "Peer Relations"	17  7  75  5

Exclusion criteria for research articles included:

- Research on adults identified as having learning difficulties;
- Research conducted in secondary schools, which only represents the adolescent population;
- Studies which looks at children playing in home environments, rather than specifically at schools.

Inclusion criteria included:

- Peer-reviewed text;
- Text written in the English language;
- Children who are primary aged, ages 4 – 11;
- Research eliciting the perspectives of children relevant to the study, such as play, friendships;
- Research on play conducted in primary special educational settings and mainstream settings, with children who are identified as having SEN;
- For the search terms which created the larger number of returns (e.g. over 50), only studies published after 2011 were read.



## Appendix 2 Headteacher information letter and consent form

Institute of Education



Dear [     ],

My name is Rhiannon Yates and I am a trainee Educational Psychologist at the Institute of Education in London. As part of my training, I am undertaking a research project which is investigating how structured play opportunities between two pairs of children with SLD and PMLD (each pair will be made up of a child with SLD and a child with PMLD) can facilitate social play between them. This research project is completely separate from the Educational Psychology Service.

I am writing to see whether your school would like to take part in this study.

### **What would be involved if your school took part?**

#### **1) Child and staff recruitment**

##### **Time scale: Present day – October 2015**

I would like to consult with school staff to identify two pairs of children, each pair consisting of a child identified as having SLD and a child identified as having PMLD, who are thought to enjoy socially interacting with others and you think would like to work with one another. Information letters will then be distributed to the parents of these children to describe the study and ask for their consent for their child's participation.

Furthermore, it will be beneficial for two members of staff, one for each pair, who know the children well to commit to facilitating the play sessions.

#### **2) Consultation with staff**

##### **Time scale: Present day – October 2015**

To develop structured play sessions for each pair, it will be useful to consult with school staff who know the children well. This will be to identify their strengths and any games or objects that they especially engage with.

#### **3) Implementing the structured play sessions**

##### **Time scale: October 2015 – January 2016**

Based on the consultations with school staff, structured play sessions will be created that will be unique to the abilities of each pair, by using resources that are thought to be particularly meaningful and engaging for them. This programme will need to be facilitated by school staff who are willing to take part in the study. This support from an adult will give the children some structure and guidance to facilitate their social play.

#### **4) Recording and evaluating the effects of the play programme**

To evaluate the effectiveness of the play programme I would like to film each session, providing I have consent from the parents of the children taking part, to observe and record the behaviour of the children. At the end of the programme, it would be extremely valuable to gain the perspectives of school staff who were involved in supporting the programme to find out what they thought went well and what could have been improved.

#### **What will happen to the findings of this project?**

The findings will be written up as part of my thesis and I will produce accessible reports for schools and parents. The school's name and participants will not be written in this report for confidentiality reasons. It is hoped that the findings of this project will inform future educational practices so that young people with SLD and PMLD are given the best opportunities in school.

#### **What happens next?**

If you would like to find out more about this project please do get in touch with either myself, or my supervisor (details below). If you are happy for your school to be involved with this research, please sign the consent form that is attached with this letter.

It would be wonderful if your school could be involved in this project.

Best wishes,

Rhiannon

**Rhiannon Yates**  
**Trainee Educational Psychologist**  
**Institute of Education/Luton Borough Council**  
**Email: [ryates@ioe.ac.uk](mailto:ryates@ioe.ac.uk)**  
**Telephone: 07923366864**

**Dawn Male (supervisor)**  
**Senior lecturer**  
**Institute of Education**  
**Email: [dawn.male@ioe.ac.uk](mailto:dawn.male@ioe.ac.uk)**  
**Telephone: 020 7612 6304**

**HEAD TEACHER CONSENT FORM**

**HEAD TEACHER COPY – Please retain this copy for your own records**

I have read the information sheet about the research. ☐ (please tick)

I would like the school to take part in this study. ☐ (please tick)

I understand that participation is voluntary and that the school can withdraw from this study at any point. ☐ (please tick)

I understand that I can contact Rhiannon Yates ([ryates@ioe.ac.uk](mailto:ryates@ioe.ac.uk) / 07923366864) to discuss this study at any time. ☐ (please tick)

Contact email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**HEAD TEACHER CONSENT FORM**

**RESEARCHER COPY – Please return this copy to the researcher**

I have read the information sheet about the research.

☐ (please tick)

I would like the school to take part in this study.

☐ (please tick)

I understand that participation is voluntary and that the school can withdraw from this study at any point.

☐ (please tick)

I understand that I can contact Rhiannon Yates ([ryates@ioe.ac.uk](mailto:ryates@ioe.ac.uk) / 07923366864) to discuss this study at any time.

☐ (please tick)

Contact email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 3 School staff information letter and consent form

Institute of Education



Dear \_\_\_\_\_,

My name is Rhiannon Yates and I am a trainee Educational Psychologist at the Institute of Education in London. As part of my training, I am undertaking a research project which is investigating how structured play opportunities between two pairs of children with SLD and PMLD (each pair will be made up of a child with SLD and a child with PMLD) can facilitate their experiences of social play.

I am writing to see whether you would like to take part in this study, because you are someone who knows the children well. Your expertise and knowledge of the children will be extremely valuable for this project. This research project is completely separate from the Educational Psychology Service.

### **What will happen if I take part?**

- 1) **Recruiting children** - I would like to consult with you and other school staff to identify two pairs of children, each pair consisting of a child identified as having SLD and a child identified as having PMLD, who are thought to enjoy socially interacting with others and you think would like to work with one another.
- 2) **Designing a structured play programme** - I would like to work collaboratively with you to think about how the children would work well together within the play sessions and to consider what games and toys are familiar and meaningful to the children.
- 3) **Facilitating the structured play programme** - A play programme will be created to the suit the abilities of the two children and this will be implemented from October 2015 to January 2016, once or twice a week. I will ask you to act as a facilitator within the play sessions, to support the social play between the peers.

I want to ensure that the children are comfortable with participating in this research and if there are any signs that this is not the case, then please let me know. Their participation in the play sessions should be paused if you feel this is necessary.

- 4) **Recording the play sessions** – I would like to film the play sessions, providing I have informed consent from the parents of the children, and that you are happy for this to happen, so that I can observe and record a range of behaviour after the sessions have taken place.

- 5) Evaluating the play sessions** - At the end of the summer term I would like to understand your perspective and experiences of facilitating the play sessions, such as what you thought went well and what could have been improved. This will be done through an informal semi-structured interview.

**Do I have to take part?**

It is up to you whether or not you take part. At the end of this information sheet there is a form for you to sign if you decide to participate. You are free to withdraw from the study at any time and this will not affect your employment or access to services in any way.

**What will happen to the findings of this project?**

The findings will be written up as part of my thesis and I will produce accessible reports for schools and parents. The school's name and participants' names will be changed to protect the identity of the children and staff, however some descriptions of events might be recognisable by those who know the children or school. It is hoped that the findings of this project will inform future educational practices so that young people with learning difficulties are given the best opportunities in school.

**What should I do next?**

If you would like to find out more about this project please do get in touch with either myself, or my supervisor (details below). If you are happy to participate and facilitate the play sessions, please sign the consent form and I will collect it when we meet.

**Rhiannon Yates**  
**Trainee Educational Psychologist**  
**Institute of Education/Luton Borough Council**

Email [ryates@ioe.ac.uk](mailto:ryates@ioe.ac.uk)  
Telephone: 07923366864

**Dawn Male (supervisor)**  
**Senior Lecturer**  
**Institute of Education**

Email: [dawn.male@ioe.ac.uk](mailto:dawn.male@ioe.ac.uk)  
Telephone: 020 7612 6304

**SCHOOL STAFF CONSENT FORM**

**SCHOOL STAFF COPY – Please retain this copy for your own records**

I have read the information sheet about the research. ☐ (please tick)

I would like to take part in this study. ☐ (please tick)

I understand that my participation is voluntary and that I can withdraw from this study at any point. ☐ (please tick)

I understand that I can contact Rhiannon Yates ([ryates@ioe.ac.uk](mailto:ryates@ioe.ac.uk) / 07923366864) to discuss this study at any time. ☐ (please tick)

I give consent for to be filmed during this study. ☐ (please tick)

I give consent for the interview to be recorded. ☐ (please tick)

Contact email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SCHOOL STAFF CONSENT FORM**

**RESEARCHER COPY – Please return this copy to the researcher**

I have read the information sheet about the research.

☐ (please tick)

I would like to take part in this study.

☐ (please tick)

I understand that my participation is voluntary and that I can withdraw from this study at any point.

☐ (please tick)

I understand that I can contact Rhiannon Yates ([ryates@ioe.ac.uk](mailto:ryates@ioe.ac.uk) / 07923366864) to discuss this study at any time.

☐ (please tick)

I give consent to be filmed during this study.

☐ (please tick)

I give consent for the interview to be recorded.

☐ (please tick)

Contact email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix 4 Parent information letter and consent form

Institute of Education



Dear \_\_\_\_\_

My name is Rhiannon Yates and I am a trainee Educational Psychologist at the Institute of Education in London. I am carrying out a research project which is looking at social play in children who are identified as having learning difficulties. In particular, I'm interested in how structured play sessions may support the development of social play between children with learning difficulties. I am writing to invite your child to take part in this study.

### **What will happen if my child takes part?**

First, I would like to speak to school staff to find out whether there are any games or objects your child particularly enjoys. Then, we will pair your child with another child at school to take part in play sessions. These will happen twice a week for 20 – 30 minutes from October 2015 to January 2016. This pairing will be carefully considered to ensure that it is a positive experience for both children involved. School staff will be present to support and encourage the children's play.

I would like to film the children interacting together with your permission. If you would like, I can share these films with you, so that you can see your child taking part. These films will be to help me to look closely at their behaviour during the play sessions. All information with your child's details will be kept on a secure computer or locked safely in a filing cabinet. This information will be destroyed at the end of the study.

### **Does my child have to take part?**

It is up to you and your child whether or not you want to take part. At the end of this information sheet there is a form for you to sign if you decide that your child can take part. You are free to withdraw your child's participation at any time and this will not affect your child's education or access to services in any way.

School staff who support your child will also be asked to observe that the children are comfortable with taking part. If they feel that your child is unhappy whilst working with another child, then this will stop.

### **What will happen to the findings of this project?**

The findings will be written up as part of my thesis and I will also write summary reports for schools and parents. The school's name and participants' names will be changed to protect the identity of the children and staff, however some descriptions of events might be recognisable by those who know the children.

It is hoped that the findings of this project will inform future educational practices so that young people identified as having learning difficulties are given the best opportunities in school.

### **What should I do next?**

If you would like to find out more about this project please do get in touch with either myself, or my supervisor (details below). If you are happy for your child to take part, please sign the permission slip and give it to the school.

It would be wonderful if your child could be involved in this project.

Best wishes,

Rhiannon

**Rhiannon Yates**  
**Trainee Educational Psychologist**  
**Institute of Education/Luton Borough Council**

Email: [ryates@ioe.ac.uk](mailto:ryates@ioe.ac.uk)  
Telephone: 07923366864

**Dawn Male (supervisor)**  
**Senior Lecturer**  
**Institute of Education**

Email: [dawn.male@ioe.ac.uk](mailto:dawn.male@ioe.ac.uk)  
Telephone: 020 7612 6304

**PARENT CONSENT FORM**

**PARENT COPY – Please retain this copy for your records**

I have read the information sheet about the research. ☐ (please tick)

I would like my child to take part in this study. ☐ (please tick)

I understand that my participation is voluntary and that I can withdraw my child's participation at any point. ☐ (please tick)

I understand that I can contact Rhiannon Yates ([ryates@ioe.ac.uk](mailto:ryates@ioe.ac.uk) / 07923366864) to discuss this study at any time. ☐ (please tick)

I give consent for my child to be filmed during this study. ☐ (please tick)

Contact email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PARENT CONSENT FORM**

**RESEARCHER COPY – Please return this copy to the school**

I have read the information sheet about the research.

☐ (please tick)

I would like my child to take part in this study.

☐ (please tick)

I understand that my participation is voluntary and that I  
can withdraw my child's participation at any point.

☐ (please tick)

I understand that I can contact Rhiannon Yates  
([ryates@ioe.ac.uk](mailto:ryates@ioe.ac.uk) / 07923366864) to discuss  
this study at any time.

☐ (please tick)

I give consent for my child to be filmed during this study.

☐ (please tick)

Contact email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix 5 Social story/information sheet for children who are identified as having SLD**

Hello!



This is Rhiannon.



Rhiannon would like to find out how children play with each other at school.



Teachers think that you would be good at helping and playing.



If you would like to help then your  
teachers will ask you to play with  
X.

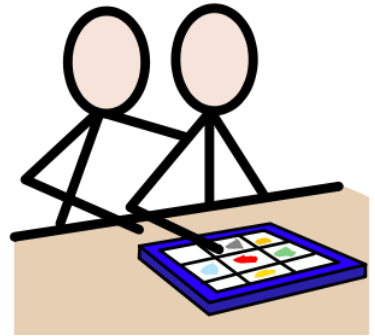
[Insert photograph  
of facilitators]

Rhiannon will come to see you at  
school too.

Insert photograph of  
school/class

If you don't want to help then this  
is OK.



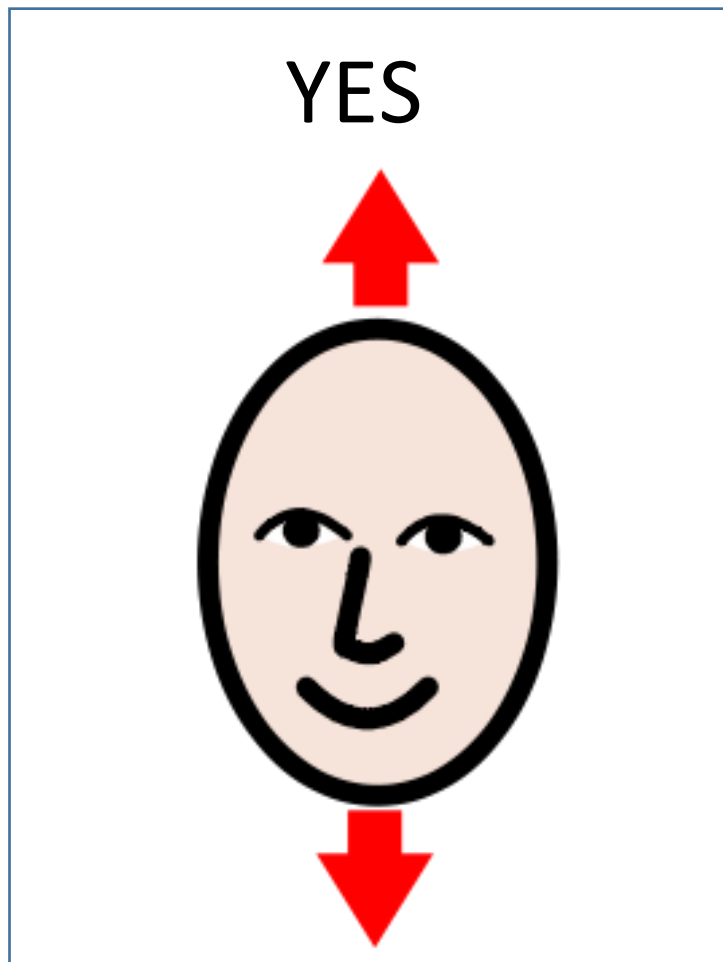


Would you like to play

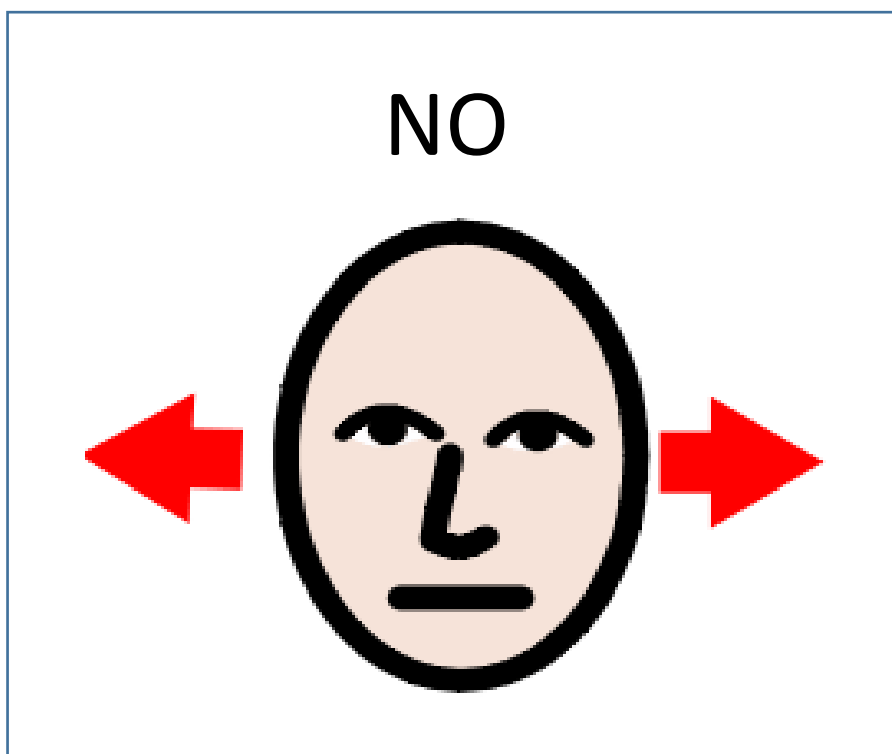
Insert photograph of child.

Insert photograph of school/class

with X in your school?



To be presented as a card alongside the 'no' option. Child can then choose their response.





## Appendix 6 Photo stills from the film data.

Photo 1: A photo still from the very beginning of a session demonstrating the set-up of the room; the mat in the middle of the room and the toys placed on/at the edge of the mat. The box with the smaller toys are to the left of Thomas, by the donuts. At this point, Harriet had come in and chosen the big ball straight away. The TA is sat to the side of the children, waiting to see whether play evolved between them.



Photo 2: Harriet and Thomas are playing co-operatively by building the big blocks together. Thomas is passing Harriet a block and the TA is a 'Co-player' by supporting the tower.



Photo 3: Harriet and Thomas are engaged in associative play together. Thomas gives Harriet some sticklebricks to put in her mixing bowl; they are sharing an experience together, and Harriet responds to Thomas's initiative, but it does not develop into a maintained turn-taking play sequence. The TA is commenting on what the children are doing.



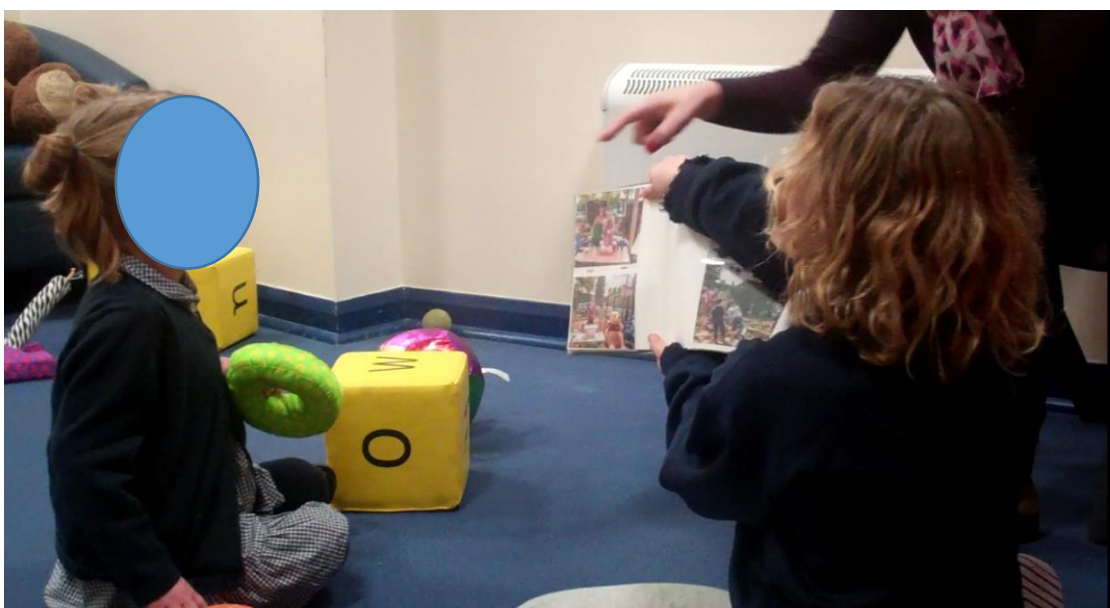
Photo 4: Charlotte and Emma are playing in parallel; Charlotte pretends to pour tea in a cup and Emma bangs a spoon on a plastic pizza slice. They look at each other and watch each other's actions. At this point, the TA is adopting an 'Onlooker' stance, as she observes the children playing together, smiling in response to them.



Photo 5: Charlotte and Emma play co-operatively by passing the big bouncy ball to each other. The TA acts as a 'Co-player' during this play sequence by helping Emma to pass the ball back to Charlotte.



Photo 6: Charlotte and Emma are engaged in associative play. They are both looking at a book of photos and Emma touches the photos with her green donut ring whilst laughing. Although the book of photos was not a purposefully chosen material for the play sessions, Charlotte showed interest in the books on the shelves within the room and they were therefore incorporated into the session. Charlotte is holding up the book for Emma to see it more clearly. In this moment, the TA is shifting between an 'Onlooker' and 'Co-player', as she comments and points to one of the photos, drawing all their attention to one photo.







## Appendix 7: Ethics Application Form: Student Research

All research activity conducted under the auspices of the Institute by staff, students or visitors, where the research involves human participants or the use of data collected from human participants are required to gain ethical approval before starting. *This includes preliminary and pilot studies.* Please answer all relevant questions responses in terms that can be understood by a lay person and note your form may be returned if incomplete.

For further support and guidance please see accompanying guidelines and the Ethics Review Procedures for Student Research <http://www.ioe.ac.uk/studentethics/> or contact your supervisor or [researchethics@ioe.ac.uk](mailto:researchethics@ioe.ac.uk).

**Before completing this form you will need to discuss your proposal fully with your Supervisor/s.**

**Please attach all supporting documents and letters.**

*For all Psychology students, this form should be completed with reference to the British Psychological Society (BPS) Code of Human Research Ethics and Code of Ethics and Conduct.*

Section 1 Project details			
a.	Project title		Investigating the effect of peer tutoring to support choice-making and interactions between children with severe and profound and multiple learning difficulties.
b.	Student name and ID number (e.g. ABC12345678)		Rhiannon Yates
c.	Supervisor/Personal Tutor		Dawn Male and Orla Dunne
d.	Department		
e.	Course category (Tick one)	PhD/MPhil <input type="checkbox"/>	EdD <input type="checkbox"/>
		Mres <input type="checkbox"/>	DedPsy <input checked="" type="checkbox"/>

	MTeach <input type="checkbox"/> ITE <input type="checkbox"/> Diploma (state which) <input type="checkbox"/> Other (state which) <input type="checkbox"/>	MA/MSc <input type="checkbox"/>
f.	Course/module title	Thesis
g.	<b>If applicable</b> , state who the funder is and if funding has been confirmed.	N/A
h.	Intended research start date	23.02.2015
i.	Intended research end date	10.07.2015
j.	Country fieldwork will be conducted in <i>If research to be conducted abroad please check <a href="http://www.fco.gov.uk">www.fco.gov.uk</a> and submit a completed travel risk assessment form (see guidelines). If the FCO advice is against travel this will be <b>required</b> before ethical approval can be granted: <a href="http://ioe-net.inst.ioe.ac.uk/about/profservices/international/Pages/default.aspx">http://ioe-net.inst.ioe.ac.uk/about/profservices/international/Pages/default.aspx</a></i>	England
k.	Has this project been considered by another (external) Research Ethics Committee? Yes <input type="checkbox"/> External Committee Name: No <input checked="" type="checkbox"/> ⇒ go to Section 2 Date of Approval:	
<b>If yes:</b> <ul style="list-style-type: none"> <li>– Submit a copy of the approval letter with this application.</li> <li>– Proceed to Section 10 Attachments.</li> </ul>		
<b>Note:</b> Ensure that you check the guidelines carefully as research with some participants will require ethical approval from a different ethics committee such as the <a href="#">National Research Ethics Service</a> (NRES) or <a href="#">Social Care Research Ethics Committee</a> (SCREC). In addition, if your research is based in another institution then you may be required to apply to their research ethics committee.		

## Section 2 Project summary

### Research methods (tick all that apply)

Please attach questionnaires, visual methods and schedules for interviews (even in draft form).

<input checked="" type="checkbox"/> Interviews <input type="checkbox"/> Focus groups <input type="checkbox"/> Questionnaires <input type="checkbox"/> Action	<input type="checkbox"/> Controlled trial/other intervention study <input checked="" type="checkbox"/> Use of personal records <input type="checkbox"/> Systematic review ⇒ <i>if only method used go to Section 5.</i> <input type="checkbox"/> Secondary data analysis ⇒ <i>if secondary analysis</i>
---	--

research <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Literature review	<b>used go to Section 6.</b> <input type="checkbox"/> Advisory/consultation/collaborative groups <input type="checkbox"/> Other, give details:
---	--

**Please provide an overview of your research.** This should include some or all of the following: purpose of the research, aims, main research questions, research design, participants, sampling, your method of data collection (e.g., observations, interviews, questionnaires, etc.) and kind of questions that will be asked, reporting and dissemination (typically 300-500 words).

*The present study will investigate how a pupil with severe learning difficulties (SLD), paired with a child with profound and multiple learning difficulties (PMLD), can facilitate interactions between them. In addition, the study will investigate how a child with SLD can facilitate a PMLD to make everyday choices, such as choosing activities or snacks, at school. This study will recruit two children who will work together as a peer tutoring pair through purposive sampling. One of the children will have SLD, and will be the tutor, and the tutee will be a child with PMLD. To identify children who would be suitable for the study, school staff will be consulted with. In particular, children who would be appropriate for the study include: 1) children who are in year 5 (ages 9 or 10) to ensure that they have attended the school for long enough to understand the routines and environment of the school); and 2) children who are thought to enjoy socially interacting with their peers.*

*To collect data and examine the effects of peer tutoring in relation to supporting a child with PMLD to make choices and to facilitate interactions between them, the researcher will use ethnography and observational methods. First, the researcher will observe the participant with PMLD to gain a baseline understanding of how they make choices with and without adult support. The child with SLD will also be observed to identify their individual strengths and to consider how the two children may effectively work together. In addition, the school staff will be consulted with to gain a deeper understanding of the children's' abilities and to develop some potential targets and areas of development.*

*Following the analysis of this data, an individualised peer tutoring programme will be developed and implemented over the summer term (April to July 2015). This programme will be initially facilitated by a member of staff at the school who knows the children well. Identifying staff to facilitate this programme will be done on a voluntary basis. As part of the school staff's role of facilitating the programme, they will also be asked to take brief field notes, and to film the children interacting, if consent is gained for this. This is clearly outlined in the staff information letter, and will be discussed at the beginning of the study with staff. This support from an adult will give the children some structure and guidance at the start of the programme, but the aim is for the children to gain in independence and to interact with one another in a more natural way.*

*The researcher will continue to observe the children regularly throughout the summer term; the frequency of observations will be discussed with the school staff. In addition, it is hypothesised that participation in the study may result in enhanced self-concept/self-esteem for the 'tutor' i.e. the pupil with SLD. In order to test this, consideration will be given to measuring self-concept/self-esteem prior to and after the study, using measures deemed to be appropriate for the target pupil, such as The Moseley Self Concept Scale (2003). This will involve interviewing the target pupil.*

Furthermore, this study will also examine the perspectives of the school staff who facilitate the peer tutoring programme. The perspectives of school staff will be yielded through a semi-structured interview following the end of the peer tutoring programme. Questions that may be asked are: 1) Tell me about how you supported the children to interact with one another; 2) Was there anything that worked particularly well in supporting the children to interact?; 3) Did you experience any difficulties during the peer tutoring programme, if so, what were they?; and 4) If you were to do this again, what would you do differently?

The research will be written up and reported for my thesis as part of my DEdPsy programme. I will aim to disseminate this research through presenting at any relevant conferences, and if the opportunity arises, to publish the research in a journal. An accessible summary of the completed research will be provided to the school, parents and staff who took part in the study.

### Section 3 Participants

Please answer the following questions giving full details where necessary. Text boxes will expand for your responses.

a.	Will your research involve human participants?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> ⇒ go to Section 4
b.	Who are the participants (i.e. what sorts of people will be involved)? Tick all that apply.		
	<input type="checkbox"/> Early years/pre-school <input checked="" type="checkbox"/> Ages 5-11 <input type="checkbox"/> Ages 12-16 <input type="checkbox"/> Young people aged 17-18	<input type="checkbox"/> Unknown – specify below <input checked="" type="checkbox"/> Adults <i>please specify below</i> <input type="checkbox"/> Other – specify below	
	<p><b>NB:</b> Ensure that you check the <b>guidelines</b> (Section 1) carefully as research with some participants will require ethical approval from a different ethics committee such as the National Research Ethics Service (NRES).</p> <p><i>The adults who will participate in the study will be school staff who support the children at school. They will be asked to volunteer to facilitate the peer tutoring and then evaluate their experiences of doing this in a semi-structured interview with the researcher at the end of the data collection.</i></p>		
c.	<p>If participants are under the responsibility of others (such as parents, teachers or medical staff) how do you intend to obtain permission to approach the participants to take part in the study?</p> <p><b>(Please attach approach letters or details of permission procedures – see Section 9 Attachments.)</b></p> <p><i>First, the head teacher of a school who supports children with SLD and PMLD will be contacted to identify whether the school might be interested in taking part in the study. As part of this initial contact, an information letter (attached) will be sent to the head teacher that details and describes the research.</i></p>		

	<p><i>If the head teacher agrees to the school supporting this research, then parents of children who will have been identified to be suitable for this study will be contacted. Again, an information letter (attached) which describes the research will be given to the parents, and an informed consent form (attached) will be provided for parents to complete if they are happy for their child to participate.</i></p>
d.	<p>How will participants be recruited (identified and approached)?</p> <p><i>Participants will be recruited through purposive sampling; two children will be identified for the study based on the following criteria: 1) One child has severe learning difficulties and one child has profound and multiple learning difficulties; 2) These children are thought by people who know them well to enjoy and respond to social interaction; 3) The children are thought to share positive interactions together; and 4) The children are in year 5 to ensure that they are familiar with the school setting and routines.</i></p> <p><i>Letters will be sent to school staff informing them of the purpose of the study and asking for volunteers to facilitate the peer tutoring programme, as well as being willing to evaluate the programme and their involvement at the end of the study (staff information letter attached).</i></p>
e.	<p>Describe the process you will use to inform participants about what you are doing.</p> <p><i>The researcher will aim to inform the children of the study through social stories (attached), using large pictures and photographs to demonstrate the process. These will need to be individualised and adapted to suit the child's level of understanding.</i></p> <p><i>The parents of the children and the staff who will be facilitating the programme will be informed through information letters (attached), as well as discussions with the researcher. The staff participants and parents of the children will have the researchers contact details to give them the opportunity to ask questions throughout the research process.</i></p>
f.	<p>How will you obtain the consent of participants? Will this be written? How will it be made clear to participants that they may withdraw consent to participate at any time?</p> <p><i>See the guidelines for information on opt-in and opt-out procedures. Please note that the method of consent should be appropriate to the research and fully explained.</i></p> <p><i>Written consent from staff who wish to take part will be gained, as well as written consent from the parents of the children. On the information sheets and consent forms it is clearly stated that they can withdraw from participating at any point, and parents will be given the opportunity to make this decision based for their children.</i></p> <p><i>The concept of 'ongoing consent' will be used for both of the children taking part in the study. This means that adults who know the children well, and who work with the children, will be asked to inform the researcher if they feel that the children are demonstrating behaviour which suggests they are uncomfortable with participating (this is detailed in the staff information sheet). If this is reported, then the peer tutoring will be stopped and the programme will be reviewed with staff. Ongoing consent will be applied throughout the whole study.</i></p> <p><i>Gaining meaningful informed consent from the child with profound and multiple learning difficulties may not be possible due to their level of cognitive ability. The child with severe learning difficulties may be able to give their informed consent. This will be done through social stories explaining the study (attached) and through choosing a 'yes' card or a 'no' card (attached).</i></p>



g.	<p><b>Studies involving questionnaires:</b> Will participants be given the option of omitting questions they do not wish to answer?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>If <b>NO</b> please explain why below and ensure that you cover any ethical issues arising from this in section 8.</p>
h.	<p><b>Studies involving observation:</b> Confirm whether participants will be asked for their informed consent to be observed.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
	<p>If <b>NO</b> read the guidelines (Ethical Issues section) and explain why below and ensure that you cover any ethical issues arising from this in section 8.</p> <p><i>The parents of the children will be asked to give informed consent for their children to be observed at school. School staff who agree to facilitate the peer tutoring programme will be asked for their informed consent as they will be interacting with the children who are being observed.</i></p> <p><i>Gaining meaningful informed consent from the child with profound and multiple learning difficulties may not be possible due to their level of cognitive ability. Ongoing consent (described in section 3f, above) will be applied at all times throughout this research. The child with severe learning difficulties may be able to give their informed consent. This will be done through social stories explaining the study (attached) and through choosing a 'yes' card or 'no' card (attached).</i></p>
i.	<p>Might participants experience anxiety, discomfort or embarrassment as a result of your study?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
	<p>If <b>yes</b> what steps will you take to explain and minimise this?</p> <p><i>It is unlikely that the participants will experience any discomfort, anxiety or embarrassment throughout this study, as the research will take place within the school – an environment that the children are familiar with. The staff will be asked to identify children for the study who are thought to enjoy socially interacting with their peers, who are likely to enjoy working with one another, and are therefore unlikely to experience anxiety during the peer tutoring interactions. It is hoped that the children will enjoy interacting together and will have positive experiences. If, however, any of the children demonstrate behaviour which suggests that they are experiencing feelings of discomfort during the peer tutoring programme, school staff are asked to be aware of this (see staff information sheet) and ensure that the children do not feel pressured to continue interacting with one another.</i></p> <p>If <b>not</b>, explain how you can be sure that no discomfort or embarrassment will arise?</p>
j.	<p>Will your project involve deliberately misleading participants (deception) in any way?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
	<p>If <b>YES</b> please provide further details below and ensure that you cover any ethical issues arising from this in section 8.</p>

k.	Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	If <b>NO</b> please explain why below and ensure that you cover any ethical issues arising from this in section 8.
l.	Will participants be given information about the findings of your study? (This could be a brief summary of your findings in general; it is not the same as an individual debriefing.)
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	If <b>no</b> , why not?

## Section 4 Security-sensitive material

Only complete if applicable

Security sensitive research includes: commissioned by the military; commissioned under an EU security call; involves the acquisition of security clearances; concerns terrorist or extreme groups.

a.	Will your project consider or encounter security-sensitive material?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
b.	Will you be visiting websites associated with extreme or terrorist organisations?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
c.	Will you be storing or transmitting any materials that could be interpreted as promoting or endorsing terrorist acts?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

\* Give further details in **Section 8 Ethical Issues**

## Section 5 Systematic review of research

Only complete if applicable

a.	Will you be collecting any new data from participants?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
b.	Will you be analysing any secondary data?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

\* Give further details in **Section 8 Ethical Issues**

*If your methods do not involve engagement with participants (e.g. systematic review, literature review) **and** if you have answered **No** to both questions, please go to **Section 10 Attachments**.*

## Section 6 Secondary data analysis Complete for all secondary analysis

a.	Name of dataset/s		
b.	Owner of dataset/s		
c.	Are the data in the public domain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<i>If no, do you have the owner's permission?</i> Yes <input type="checkbox"/> No* <input type="checkbox"/>	
d.	Are the data anonymised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Do you plan to anonymise the data? Yes <input type="checkbox"/>	
		Do you plan to use individual level data? Yes* <input type="checkbox"/>	
		Will you be linking data to individuals? Yes* <input type="checkbox"/>	
e.	Are the data sensitive ( <a href="#">DPA 1998 definition</a> )?	Yes* <input type="checkbox"/>	
f.	Will you be conducting analysis within the remit it was originally collected for?	Yes <input type="checkbox"/>	
g.	<b>If no</b> , was consent gained from participants for subsequent/future analysis?	Yes <input type="checkbox"/>	
h.	<b>If no</b> , was data collected prior to ethics approval process?	Yes <input type="checkbox"/>	

\* Give further details in **Section 8 Ethical Issues**

*If secondary analysis is only method used **and** no answers with asterisks are ticked, go to **Section 9 Attachments**.*

## Section 7 Data Storage and Security

*Please ensure that you include all hard and electronic data when completing this section.*

a.	Confirm that all personal data will be stored and processed in compliance with the Data Protection Act 1998 (DPA 1998). (See the Guidelines and the Institute's Data Protection & Records Management Policy for more detail.)	
b.	Will personal data be processed or be sent outside the European Economic Area?	Yes <input type="checkbox"/> *
<p>* <b>If yes</b>, please confirm that there are adequate levels of protections in compliance with the DPA 1998 and these arrangements are below.</p>		
c.	Who will have access to the data and personal information, including advisory/consultation groups and transcription? <i>The primary researcher and the two supervisors of this research.</i>	
<b>During the research</b>		
d.	Where will the data be stored? <i>The data will be stored in a locked filing cabinet at the researcher's home that only the primary researcher has access to.</i>	

	Will mobile devices such as USB storage and laptops be used?	Yes <input checked="" type="checkbox"/> * No <input type="checkbox"/>
	<b>* If yes, state what mobile devices:</b>	
e.	<i>Laptop, USB and iPad – devices that are only used by the primary researcher.</i>	
	<b>* If yes, will they be encrypted?:</b>	
	<i>Yes, all data will be password protected.</i>	
<b>After the research</b>		
f.	Where will the data be stored?	
	<i>After the study has been completed the data will be destroyed</i>	
g.	How long will the data and records be kept for and in what format?	
	<i>The data will be kept until the research project has been marked by examiners (approximately 8 months following data collection). After this the data will be destroyed. Computer data and written records will continue to be password protected on a device that is only used by the primary researcher, and written records will continue to be kept in a locked cabinet.</i>	
h.	Will data be archived for use by other researchers?	Yes <input type="checkbox"/> * No <input checked="" type="checkbox"/>
	<b>* If yes, please provide details.</b>	

## Section 8 Ethical issues

Are there particular features of the proposed work which may raise ethical concerns or add to the complexity of ethical decision making? If so, please outline how you will deal with these.

It is important that you demonstrate your awareness of potential risks or harm that may arise as a result of your research. You should then demonstrate that you have considered ways to minimise the likelihood and impact of each potential harm that you have identified. Please be as specific as possible in describing the ethical issues you will have to address. Please consider / address ALL issues that may apply.

*Ethical concerns may include, but not be limited to, the following areas:*

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>– Methods</li> <li>– Sampling</li> <li>– Recruitment</li> <li>– Gatekeepers</li> <li>– Informed consent</li> <li>– Potentially vulnerable participants</li> <li>– Safeguarding/child protection</li> <li>– Sensitive topics</li> </ul> | <ul style="list-style-type: none"> <li>– International research</li> <li>– Risks to participants and/or researchers</li> <li>– Confidentiality/Anonymity</li> <li>– Disclosures/limits to confidentiality</li> <li>– Data storage and security both during and after the research (including transfer, sharing, encryption, protection)</li> <li>– Reporting</li> <li>– Dissemination and use of findings</li> </ul> |
|---|--|

### Informed consent

See sections 3f and 3h.

### Confidentiality/anonymity

No names of school staff, pupils or the school will be mentioned in the report, however, because it is a small scale study, the participants may be identifiable by others who are aware that the research is being carried out, by those who work at the school but are not involved in the study, for example. Adult participants and parents will be informed of this (see parent information sheet).

### Safeguarding/child protection

The researcher has an up-to-date Disclosure and Barring Service check. The researcher will ensure that they are familiar with the safeguarding procedures of the local authority in which the school is located, as well as the safeguarding procedures of the school. This will be important to ensure that if any safeguarding concerns arise during the observation/information that is given during the interviews, the researcher can report these in the appropriate way. If there are any concerns, these will be discussed with the head teacher immediately.

### Benefits of the research

This research is a new and original contribution to the existing literature with children with severe and profound and multiple learning difficulties. Only one study has previously looked into peer tutoring with this group of children and the present study aims to build upon this previous research.

It is hoped that both children who participate will individually benefit from this experience, as previous research has demonstrated that this has supported the development of a variety of children. In addition, practising choice-making may support the growth of independence and enhance communication.

Furthermore, semi-structured interviews with school staff aims to explore their personal experiences of the research to find out whether peer tutoring for pupils with severe learning difficulties and profound and multiple learning difficulties is a strategy which can be realistically implemented in everyday practice to support the development of children. Therefore, this research also hopes to inform practice in education generally and benefit many children with learning difficulties. In addition, from the school's involvement in this research, it is envisaged that staff will feel empowered to implement peer tutoring with other children who have severe and profound and multiple learning difficulties.

## **Section 9 Further information**

Outline any other information you feel relevant to this submission, using a separate sheet or attachments if necessary.

--

**Section 10 Attachments** Please attach the following items to this form, or explain if not attached

a.	Information sheets and other materials to be used to inform potential participants about the research, including approach letters	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b.	Consent form	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<b><i>If applicable:</i></b>		
c.	The proposal for the project	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Approval letter from external Research Ethics Committee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Full risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section 11 Declaration**

	Yes	No
I have read, understood and will abide by the following set of guidelines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BPS <input checked="" type="checkbox"/> BERA <input type="checkbox"/> BSA <input type="checkbox"/> Other (please state) <input type="checkbox"/>		
I have discussed the ethical issues relating to my research with my supervisor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have attended the appropriate ethics training provided by my course.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I confirm that to the best of my knowledge:</b>		
The above information is correct and that this is a full description of the ethics issues that may arise in the course of this project.		
Name	Rhiannon Yates	

Date	28.01.15
------	----------

**Please submit your completed ethics forms to your supervisor.**

## Notes and references

### Professional code of ethics

You should read and understand relevant ethics guidelines, for example:

[British Psychological Society](#) (2009) *Code of Ethics and Conduct*, and (2014) *Code of Human Research Ethics*

or

[British Educational Research Association](#) (2011) *Ethical Guidelines*

or

[British Sociological Association](#) (2002) *Statement of Ethical Practice*

Please see the respective websites for these or later versions; direct links to the latest versions are available on the Institute of Education <http://www.ioe.ac.uk/ethics/>.

### Disclosure and Barring Service checks

If you are planning to carry out research in regulated Education environments such as Schools, or if your research will bring you into contact with children and young people (under the age of 18), you will need to have a Disclosure and Barring Service (DBS) CHECK, before you start. The DBS was previously known as the Criminal Records Bureau (CRB) ). If you do not already hold a current DBS check, and have not registered with the DBS update service, you will need to obtain one through at IOE. Further information can be found at [http://www.ioe.ac.uk/studentInformation/documents/DBS\\_Guidance\\_1415.pdf](http://www.ioe.ac.uk/studentInformation/documents/DBS_Guidance_1415.pdf)

Ensure that you apply for the DBS check in plenty of time as will take around 4 weeks, though can take longer depending on the circumstances.

### Further references

The [www.ethicsguidebook.ac.uk](http://www.ethicsguidebook.ac.uk) website is very useful for assisting you to think through the ethical issues arising from your project.

Robson, Colin (2011). *Real world research: a resource for social scientists and practitioner researchers* (3rd edition). Oxford: Blackwell.

This text has a helpful section on ethical considerations.

Alderson, P. and Morrow, V. (2011) *The Ethics of Research with Children and Young People: A Practical Handbook*. London: Sage.

This text has useful suggestions if you are conducting research with children and young people.

Wiles, R. (2013) *What are Qualitative Research Ethics?* Bloomsbury.



A useful and short text covering areas including informed consent, approaches to research ethics including examples of ethical dilemmas.

## Departmental use

If a project raises particularly challenging ethics issues, or a more detailed review would be appropriate, you **must** refer the application to the Research Ethics and Governance Coordinator (via [researchethics@ioe.ac.uk](mailto:researchethics@ioe.ac.uk)) so that it can be submitted to the Research Ethics Committee for consideration. A Research Ethics Committee Chair, ethics department representative and the Research Ethics and Governance Coordinator can advise you, either to support your review process, or help decide whether an application should be referred to the REC.

Also see 'when to pass a student ethics review up to the Research Ethics Committee':

<http://www.ioe.ac.uk/about/policiesProcedures/42253.html>

Student name	Rhannon Yates		
Student department	PHD		
Course	DEdPsych		
Project title	Investigating the effect of peer tutoring to support choice-making and interactions between children with severe and profound and multiple learning difficulties.		
<b>Reviewer 1</b>			
Supervisor/first reviewer name	Dawn Male		
Do you foresee any ethical difficulties with this research?	No		
Supervisor/first reviewer signature			
Date	28/01/15		
<b>Reviewer 2</b>			
Second reviewer name	Orla Dunne		
Do you foresee any ethical difficulties with this research?	No		
Supervisor/second reviewer signature			
Date	29/01/15		
<b>Decision on behalf of reviews</b>			
Decision	Approved	<input type="checkbox"/>	
	Approved subject to the following additional measures	<input type="checkbox"/>	
	Not approved for the reasons given below	<input type="checkbox"/>	
	Referred to REC for review	<input type="checkbox"/>	
Points to be noted by other reviewers and in report to REC			



Comments from reviewers for the applicant	
<b>Recording – supervisors/reviewers should submit all approved ethics forms to the relevant course administrator</b>	
Recorded in the student information system	<input type="checkbox"/>

**If the proposal is not authorised the applicant should seek a meeting with their supervisor or ethics reviewer.**

Appendix 6 Structured observation schedule

Child Name:.....

Supporting Adult:.....

Page Number:.....

Date of session:.....

Session Number:.....

Total Session Length:.....

		DURATION OF SESSION																					
		00		01		02		03		04		05		06		07		08		09		10	
		(minute)		10		20		30		40		50		00		10		20		30		40	
		(second)		10		20		30		40		50		00		10		20		30		40	
PLAY STATE	Unoccupied																						
	Transition																						
	Solitary																						
	Onlooker																						
	Parallel																						
	Associative																						
	Co operative																						

		DURATION OF SESSION																					
		55		56		57		58		59		00		01		02		03		04		05	
		(minute)		10		20		30		40		50		00		10		20		30		40	
		(second)		10		20		30		40		50		00		10		20		30		40	
PLAY STATE	Unoccupied																						
	Transition																						
	Solitary																						
	Onlooker																						
	Parallel																						
	Associative																						
	Co operative																						

Social Play Study: 10 minute observation schedule (Rhianon Yates)

**Appendix 9** The initial codes and themes from the data analysis of the raw observation data for Pair B from NVivo 10.

## Nodes

Name	Sources	References
[Redacted]	9	216
Spontaneity	9	96
Un-co-operative	4	9
Physically supporting peer	0	0
Initiating social interaction	1	1
Initiating play	8	32
Conflict	3	6
Comments	9	48
Reciprocity	9	120
Taking a turn	9	102
Responding socially to peer	6	18
[Redacted]	9	254
Spontaneity	9	135
Un-co-operative	3	6
Physically supporting peer	8	13
Peer-to-peer direction (2)	2	5
Modelling play equipment	2	2
Initiating social interaction with peer	8	28
Initiating play	9	43
Conflict	1	1
Comments	9	37
Reciprocity	9	119
Taking a turn	9	119
Responding socially to peer	0	0

## Appendix 10 Checklist for frequency and outcome of prompted/spontaneous bids for play

Date of session:..... Session N<sup>o</sup>:..... Adult:.....

Child Name A:..... Child Name B:.....

ADULT PROMPTS INTENDED TO FACILITATE SOCIAL PLAY			
Directed towards child A:.....		Directed towards child B: .....	
Outcome	Number of bids (tally)	Outcome	Number of bids (tally)
Unsuccessful		Unsuccessful	
Developed into Associative play		Developed into associative play	
Developed into Co-operative play		Developed into Co-operative play	

SPONTANEOUS BIDS FOR PLAY MADE BY CHILD A:	
Outcome	Number of bids (tally)
Unsuccessful	
Developed into Associative play	
Developed into Co-operative play	

SPONTANEOUS BIDS FOR PLAY MADE BY CHILD B:	
Outcome	Number of bids (tally)
Unsuccessful	
Developed into Associative play	
Developed into Co-operative play	

## Appendix 11 An example of the annotations on the adult role from Pair A on the observational data from NVivo

	Timespan	Content
1	0:00.0 - 0:12.0	Taking children to the middle of the room. Moving the play equipment.
2	0:12.0 - 0:32.1	Moving the play equipment within reach of the children. Giving Harriet an object of interest.
3	0:32.1 - 1:04.7	Waiting, watching.
4	1:04.7 - 1:13.3	Gets down on children's level. Puts sticklebricks in Harriet's mixing bowl and models stirring them all together. Says "Harriet" to gain her attention.
5	1:13.3 - 1:30.6	Offers Harriet a sticklebrick, but she does not take it. Theresia puts it in the bowl.
6	1:30.6 - 1:37.0	Waiting, watching.
7	1:37.0 - 1:56.0	Offers Thomas a sticklebrick and points to the mixing bowl. Thomas takes it. Waits. Offers Harriet another sticklebrick, but models putting it in the bowl, first. Harriet takes it.
8	1:56.0 - 2:30.0	Watches and smiles whilst the children put stickle bricks in the bowl and passes objects to each other.
9	2:31.0 - 2:38.0	Models to Harriet using the spoon to mix the sticklebricks.
10	2:38.0 - 3:01.0	Watching, waiting. Harriet throws the spoon and Theresia comments "Oh dear." Thomas picks up the spoon and Theresia says "thank you, Thomas".
11	3:01.0 - 3:11.9	Picks up a new toy and passes it to Harriet. She models using it.
12	3:11.9 - 4:06.7	Harriet and Theresia play together. Theresia passes her the donut rings and Harriet stacks them. Theresia holds the stand straight so that Hannah can complete the task.
13	4:06.7 - 4:19.2	Chatting with Thomas. Harriet throws Mr Potato Head and Theresia says, "Oh Harriet." She models taking the donuts off the stand.
14	4:19.2 - 4:44.1	They take the donuts off the stand together. At the end Theresia says "good girl".

**Appendix 12: The initial codes, initial themes and their relation to the final themes for RQ 2**

<b>Codes</b>	<b>Initial Themes</b>	<b>Tarman and Tarman's (2011) roles</b>
<ul style="list-style-type: none"> <li>-Waiting</li> <li>-Observing</li> <li>-Smiling</li> <li>-Nodding</li> <li>-Commenting</li> <li>-Clapping</li> <li>-Providing reassurance</li> </ul>	Giving Time and Space	Onlooker
<ul style="list-style-type: none"> <li>-Becoming a part of the game</li> <li>-Responding to bids for play</li> <li>-Taking turns</li> <li>-Commenting on own role in play, "my turn!"</li> <li>-Supporting children with physically demanding play sequences</li> <li>- Modelling</li> </ul>	Participating in Play	Co-player
<ul style="list-style-type: none"> <li>-Putting play materials in reach</li> <li>-Drawing children's attention to objects/games</li> <li>-Making suggestions</li> <li>-Asking questions</li> <li>-Repeating what children say/do</li> <li>-Changing resources/games</li> </ul>	Initiating and Maintaining Social Play	Stage Manager
<ul style="list-style-type: none"> <li>-Directing</li> <li>-Distracting</li> <li>-Teaching appropriate responses to resolve conflict</li> <li>-Teaching boundaries</li> </ul>	Resolving Conflict	Play Leader

## **Appendix 13 Interview schedule for the paired semi-structured interview with the TAs**

### **Interview questions and prompts**

- 1) How do you think the children responded to the play sessions?
  - Over the course of the play sessions, did you notice any changes in the behaviour of the children?
- 2) What do you think were the positives from the play sessions?
  - For each child...
  - Were there any positives for you/for the school?
- 3) What worked well to help the children play together?
  - What facilitated successful social play?
- 4) What were the barriers to successful play between the children?
- 5) Were there any issues with these experiences?
  - Did you think there were any difficulties of implementing play sessions in a school environment? If so, what were they?
- 6) Would you do anything differently next time?
  - Toys/materials?
  - Pairs of children?
  - Structure of the sessions?
- 7) What did you think about your role as facilitator?
  - How would you describe it?
  - How did you feel about doing this?
  - Do you think that the children required a facilitator? If so/if not, why?
  - Was there anything particular you did that encouraged the children to play?
  - Was there anything that you found difficult about being a facilitator?
  - On reflection, is there anything that you would do differently in your role as facilitator?
- 8) Have you noticed any differences in the children's social play at other times? (e.g. classroom, playground). Can you give me any examples?
- 9) Is there anything else that you feel is important that I haven't asked?

## Appendix 14 Interview transcript and coding

- 1 R: How do you think the children responded to their play sessions?
- 2 L: Who should we do first?
- 3 T: I think, Harriet and Thomas, I think it worked well for them, yeah. I think Harriet,  
4 well you know Harriet, she ... I thought it was interesting when you said that when  
5 we went out of the room, she started playing and running around. } *Potentially*  
*unusual*  
*behaviour.*
- 6 L: Did you record that?
- 7 R: I didn't, no, because you guys had left I had paused it. She came over to me  
8 and she sat on my lap and was looking really closely at my face (laughs). I wasn't  
9 expecting that.
- 10 T: I think a lot of it is, in the big class she's very, sort of, timid, and, you know what  
11 I mean? We've got quite a challenging class and I do think she finds that difficult.  
12 Do you? *Finding the classroom*  
*setting difficult to*  
*manage.*
- 13 L: Yeah, yeah. Cos she does –
- 14 T: I think it was nice for Harriet, to see her having more focused attention. *More focused*  
*support.*
- 15 L: Because she doesn't get a lot of it.
- 16 T: No, she doesn't. I know it is staffing sometimes, but you'll be doing a session in *Inclusion*  
17 the class and before you know it, you look round and she's sitting in the corner. It's *More*  
18 nice to let her sit there and play having one adult and Thomas, instead of sharing *focused*  
*support.*  
19 her between three or four kids ... In class, some days she won't join in. So that *Inclusion.*  
20 was nice. She used her signing a lot more than she would do in class. She was  
*Active participation*  
21 signing, 'more', 'please', 'Thomas', but she was speaking as well wasn't she?
- 22 L: That's lovely. *Differences*  
*between play*  
*sessions and*  
*class.*



- Highlighting differences between class and play sessions.
- 23 T: But in class, now and then you might get a word out of her, but not like she did  
 24 in the sessions. I think it went well. It was good.
- 25 R: Yeah. And over the course of the play sessions, right from the beginning, did  
 26 you notice any difference at all?
- 27 T: I think sitting back and watching is interesting, don't you? Because, I think, you  
 28 need to intervene sometimes, but it's nice to see how they deal with the situation  
 29 without an adult going "right, you do this, no don't do that". They do seem to get on  
 30 with it, I think. I think it's time with them as well, sometimes, because we all do it,  
 31 you give them an instruction, and sometimes it takes them a while to process. And  
 32 sometimes you're like, "I said, do this", but if you just sit back and wait, they do it.  
 33 But sometimes, it just takes that extra bit of time for them. Like we'd just get up  
 34 and do it, but it doesn't work like that. You need to sit back and wait.  
 35 L: Yeah. We've said that a lot, haven't we? To wait and let them think it.
- 36 R: How about for Charlotte and Emma?
- 37 L: At first it was a bit [pulls confused face], but then I think it worked quite well. In  
 38 that lovely first room, in the music room, I thought that was lovely. Especially on  
 39 that first day, considering there were no expectations. We had what we had, it was  
 40 a nice space.
- 41 T: I think to be fair, I wouldn't put Emma and Charlotte in a room together, I mean  
 42 before this.
- 43 L: Oh yeah.

→ Giving the children the opportunity to all interact without direction.

→ Belief that the children can do something.

→ Considering support style.

→ Uncertainty to begin with

→ space

→ Environment.

- Challenging  
preconceptions*
- 44 T: Oh, no, vulnerable Emma. But to actually see them play, it just shows that
- 45 sometimes you wouldn't put them two together because Charlotte being quite
- 46 boisterous might hurt Emma. But they actually got on quite well, I thought.
- style of support*
- 47 L: Now and then you had to remind Charlotte. I think we were only reminding her
- 48 because of what we had given her to play with. They're the only times, when
- Appropriateness of toys*
- 49 looking back, I think about stopping Charlotte, is when she tried to 'feed' Emma,
- 50 she does like to baby everyone.
- 51 R: Did you notice any changes in their behaviour over time...?
- 'Real life' → Coping with changes*
- 52 L: The fact that they had to have a change of room, that didn't seem to bother
- 53 them that much, I don't think. I think the fact that they had to move room, it was a
- 54 small room. I think we have to give them credit for that.
- Appropriateness of space, the environment*
- 55 R: Yeah.
- 56 L: And then it was like, rush, because we had to do this, so we did throw a couple
- 57 of spanners in the works. *→ 'Real life' situation.*
- 58 R: What do you think were the positives over all?
- Staff notice different characteristics of the children*
- 59 T: I think it shows with Charlotte, that I've seen a different side.
- 60 L: She has a softer side, doesn't she? Yeah. Because in class, she can come
- Difference between class + play sessions.*
- 61 across as aggressive and quite boisterous, can't she? But seeing her with Emma,
- 62 she's quite motherly, she showed a different side to her, didn't she? ...when
- 63 Charlotte put a brick on something and Emma took it off, say if that was in class,
- 64 she would have snatched it and put it back, but she let her do it. She was quite
- 65 happy. Or when Emma took something away from her, she didn't react, whereas
- staff viewing Charlotte in a different way.*
- 66 in class she would react.

**Appendix 15:** Codes from the interview transcript (in appendix 14) and their corresponding groupings in the sub-themes and overarching themes.

<b>Codes</b>	<b>Subthemes</b>	<b>Theme</b>
<ul style="list-style-type: none"> <li>-Potentially unusual behaviour</li> <li>-Finding the classroom setting difficult to manage</li> <li>-More focused support</li> <li>-Inclusion</li> <li>-Active participation</li> <li>-Differences between play sessions and class</li> <li>-Staff notice different characteristics in the children</li> <li>-Staff viewing Charlotte in a 'different light'.</li> </ul>	A Different Context	Perceived Benefits
<ul style="list-style-type: none"> <li>-Giving the children opportunities to act without adult direction</li> <li>-Belief that the children 'can' do something</li> <li>-Accepting/understanding their challenges</li> <li>-Considering support style</li> </ul>	Allowing Autonomy	
<ul style="list-style-type: none"> <li>-Evaluating choice of pairs</li> <li>-Challenging preconceptions</li> </ul>	Future Considerations	
<ul style="list-style-type: none"> <li>-Appropriateness of space</li> <li>-Appropriateness of toys</li> <li>-Real life situations</li> <li>-Lack of consistency with rooms</li> </ul>	Environmental Barriers	Perceived Challenges
<ul style="list-style-type: none"> <li>-Uncertainty to begin with</li> </ul>	Impact of the Researcher	
<ul style="list-style-type: none"> <li>-Coping with changes</li> </ul>	Overcoming Challenges	